



Empire State Bed and Breakfast Association

ASPIRING INNKEEPER MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ NY Zip Code _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please check all of the following items that apply to you:

_____ Plan to open a Bed & Breakfast or Country Inn in New York State

_____ Considering a location in the following county: _____

_____ Interested in attending a workshop for new and aspiring innkeepers

_____ Comments

Belong to: PAII _____ NYSTHA _____ Local B&B Assoc. _____

I am willing to assist ESBBA and have skills in the following area(s):

_____ Public Relations _____ Marketing _____ Accounting

_____ Webmaster _____ Grantwriting _____ Data entry _____ Political Action Committees

Membership Dues

\$ 50 Membership Fee

Payment Method

_____ Credit Card (VISA, MasterCard)

Expiration Date: _____ Card # : _____

CVV (3 digit code on back of card) _____

TOTAL _____

_____ Check made out to ESBBA

Mail to: Maxwell Creek Inn
7563 Lake Rd., Sodus, NY 14551

info@esbba.com

315-483-2222

Signature _____ Date _____