



Empire State Bed and Breakfast Association

2012 MEMBERSHIP RENEWAL FORM

Renewal must be received by Dec. 1, 2011 to appear in new brochure

PRINT OUT, COMPLETE AND SEND WITH CHECK OR CREDIT CARD INFORMATION AND REQUIRED PAPERWORK TO THE ADDRESS BELOW

Name of B&B: _____

Owners _____

Address: _____

City: _____ State: NY Zip _____ County _____

Phone(s): _____ Fax: _____

Email: _____

Web Site: _____

List up to six cities or towns within a 60 minute drive

*I'll volunteer to assist ESBBA (check one) Website Membership

Standards Marketing Conference Treasurer Secretary

Review your brochure listing (below). Email changes to info@esbba.com or write changes on the back of this sheet. If your map location is incorrect in the current brochure put an "X" on the map at the right for the correct location.

There is a **\$25 charge** for a photo change in the brochure and a **\$25 charge** for a photo change on the Web site. No charge for changes to text.



Each member receives 25 copies of the ESBBA guidebook, if you need more, how many? _____

Membership Dues

_____ \$170
 _____ + \$10 per guestroom
 _____ **Total ESBBA only**

Payment Method

_____ Credit Card: _____ MasterCard _____ Visa

Credit Card No. _____

Expiration Date _____ Zip Code _____

_____ Check made out to ESBBA

Optional Charges

+ _____ \$25 **brochure** photo change (include a photo or email a .jpg photo to info@esbba.com)

+ _____ \$25 **website** photo change (include a photo or email a .jpg photo to info@esbba.com)

+ _____ \$125 double size brochure ad (height 3 3/4" x width 3 1/4") includes 3 photos

\$(_____) **LESS \$25 If you have registered for the Mid Atlantic Tradeshow & Conference By Dec. 1, 2011. Include copy of receipt with your membership renewal**

+ _____ Optional \$79 **PAII Silver** Level Membership (reg. \$89)

\$ _____ **Final TOTAL**

I/We pledge to maintain the highest standards of cleanliness, safety, comfort, hospitality and ethics in accordance with the ESBBA Standards and will abide by the ESBBA Bylaws.

Signature _____ Date _____

Mail to: ESBBA , Belinda McElroy 7563 Lake Rd., Sodus, NY 14551 (315) 483-2222

ESBBA Administrative: Date of acknowledgement _____ Posted DB _____ Posted Printer Change Sheet _____