



**2018 TRAVEL PARTNER/ASSOCIATE MEMBERSHIP APPLICATION**  
**Anchorage Alaska Bed and Breakfast Association**

**Company:** \_\_\_\_\_

**Storefront address or location** \_\_\_\_\_

**Store phone #** \_\_\_\_\_ **Toll Free #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Public/Store E-Mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Facebook:** \_\_\_\_\_

**Description of Service Provided:** \*Please limit to 300 words

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your membership includes a picture for our website. Please indicate where our webmaster can find the picture OR attach pic and send to publicity@anchorage-bnb.com

I am a current member and have no changes for the website.

Above information will be placed on our website for benefit of potential customers.

Below information is for administrative contact only.

**Representative Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address of Rep:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Ph.# of Rep:** \_\_\_\_\_

**Private Email of Rep for AABBA business contact:** \_\_\_\_\_

**Terms of offer for the referring B&B (referral fee? Discount for B&B guest? Add-on offers?)**

\_\_\_\_\_  
\_\_\_\_\_

**Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Membership Fee: \$95 annual (due upon receipt of this form)**

**Membership fee includes complementary Vendor Fair registration; \$65 value**

**Make out check and send to: AABBA**

**Attn: Membership Chairperson**

**PO Box 242623**

**Anchorage AK 99524**

**[www.anchorage-bnb.com](http://www.anchorage-bnb.com)**

Enclosed: Check # \_\_\_\_\_ Rec'd date \_\_\_\_\_

**THANK YOU! Let the FUN begin!!**

**Chair, Membership**

**[membership@anchorage-bnb.com](mailto:membership@anchorage-bnb.com)**

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