



## BBISD MEMBERSHIP APPLICATION

Name of establishment \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Toll-free \_\_\_\_\_ Web site \_\_\_\_\_

Email \_\_\_\_\_

Description of establishment (Limit to 30 words as you would like it to appear in our directory.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief directions \_\_\_\_\_

\_\_\_\_\_

Establishment type B&B \_\_\_\_\_ Specialty Resort \_\_\_\_\_ Guest capacity \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Baths: # Private \_\_\_\_\_ # Shared \_\_\_\_\_ Breakfast: Full \_\_\_\_\_ Continental \_\_\_\_\_

Do you allow?: Children \_\_\_\_\_ Pets \_\_\_\_\_ Smoking \_\_\_\_\_ Social Drinking \_\_\_\_\_

Handicapped accessible? \_\_\_\_\_ Open all year or seasonal? \_\_\_\_\_

Price range (double occupancy): \_\_\_\_\_

Credit cards: Visa \_\_\_\_\_ MC \_\_\_\_\_ Disc \_\_\_\_\_ Amex \_\_\_\_\_

South Dakota license number (A copy of the license is required.) \_\_\_\_\_

Name of liability insurance company \_\_\_\_\_

Policy number (A copy of policy showing liability limits is required.) \_\_\_\_\_

**Annual Member Dues**

B & B (up to 4 rooms)	<b>\$150.00</b>	\$ _____
Specialty Resort (5 rooms or more)	<b>\$175.00</b>	\$ _____
Initial Inspection	<b>\$ 75.00</b>	\$ _____
<b>Total</b>		\$ _____

*Members agree to be bound by BBISD standards and regulations. Membership depends on results of inspection visit and BBISD Board of Directors' approval. A copy of the BBISD by-laws is available upon request.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date