

ARIZONA ASSOCIATION OF BED AND BREAKFAST INNS (AABBI)

Associate Membership Application

Check One: Inn or Innkeeper products or services
 Aspiring Innkeeper
 Innsitter

Please complete information required below:

Business Name:			
Address:			
Phone:		Toll Free:	
Cell:		Fax:	
Contact:			
Email:			
Website:			

Provide a brief description of your business for inclusion on the AABBI website:

I certify that the information provided is complete and accurate and that the organization or individual listed above requests affiliate membership with AABBI.			
Name:		Date:	

NOTE: Applications for Innsitters must include copies of current food handlers certificate and CPR certification.