



Midwest Association of Independent Inns 2024 NEW MEMBERSHIP APPLICATION

*Please read the instructions & explanations before completing this form!
Print in black ink and use UPPER & lower case letters. Fill out all sections completely.*

1. DATE _____ INNKEEPER NAME(S) _____

INN NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 MAILING ADDRESS _____
 IF DIFFERENT _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER(S) _____ TOLL FREE _____

WEB ADDRESS _____ FAX _____

E-MAIL _____

Note: Please adjust your email settings to accept group emails and identify MWInns as an approved sender!

Winter Address if different: from date _____ to date _____ MWInns mails to winter address? YES ___ NO ___

Street Address _____ City _____ State _____ Zip _____

If Owner is other than Innkeeper, please complete: Owner Name _____

Mailing Address _____ City _____ State _____ Zip _____

2. ACCOMMODATIONS

____ total number of bedrooms in house / primary building
 ____ number of bedrooms in ancillary buildings (e.g. cottages / cabins) rented to separate parties
 ____ number of cottages / cabins rented to 1 party

Wheelchair accessible? ___ YES ___ NO ADA accessible? ___ YES ___ NO

3. LICENSES & PERMITS, ETC.

Check all types of current licenses/permits, etc. as required by your state and send a copy of each:

____ Business Tax Registration / Seller's Permit
 ____ Bed & Breakfast *and / or*
 ____ Tourist Rooming House *and / or*
 ____ Hotel / Motel
 ____ Restaurant or Restaurant-Prepackaged license must accompany TRH (if required) or H/M for primary structure
 ____ Waiver permitting breakfast service to guests in TRH ancillary structures when primary structure has a B&B license (if required)
 ____ Swimming Pool / Whirlpool / Hot Tub
 ____ Other

The number of rooms advertised may not exceed the number of rooms licensed. If number of rooms on license differs from the number of rooms on application, EXPLAIN: _____

MWINNS 2024 NEW MEMBERSHIP APPLICATION

Send to: MWInns ~ 206 Jefferson Street ~ Waupaca, WI 54981 ~ info@mwinns.com ~ 715-942-8180

COMPONENT #1:

- ✓ Completed membership application (form, standards checklist, licenses, payment)
- ✓ Copies of licenses or numbers as requested above
- ✓ Dues payment - Choose one level of membership below - see attached for membership benefit tier information

- _____ Platinum Level Membership
- _____ Gold Level Membership
- _____ Silver Level Membership
- _____ Bronze Level Membership

Method of Payment

- _____ One (1) check enclosed for total amount shown for tier of choice (as shown on enclosed membership dues sheet)
- _____ Credit Card Payment (**a 2.5% credit card service fee + \$5.00 processing fee will be added at the time of payment**) -
Circle type: Visa MasterCard Discover (or phone us with number)

Card # _____ - _____ - _____ - _____ Exp. _____ V-Code _____

Authorized signature: _____ Date _____

COMPONENT #2: A \$2.00 per room night guest assessment will be collected from the guest by the innkeeper as a MWInns fee. The room night assessments will then be remitted to the MWInns on a monthly basis.

2024 is a great time to join MWInns!

- I understand that I am eligible for all marketing & member benefits following my Inn standards review, verification of eligibility, and set up of the \$2 per room night MWInns fee (guest paid) for collecting and remitting monthly.
- I am committing to my 2024 MWInns yearly membership for 01-01-24 through 12-31-24.
- I understand that dues are **NOT refundable**, but are transferrable upon the completion of the standards criteria checklist by new owners within the first 3 months of membership transfer and a MWInns office review.
- I understand that there are two **required** components of my membership:
 1. Membership Benefit Tier, and
 2. \$2/room night guest assessment collected from the guest by the innkeeper as a MWInns fee & remitted to the MWInns monthly.
- I understand that the MWInns has the right to stop all member benefits if room remittance is delinquent greater than 3 months. Benefits can resume once current.
- I verify that the information provided by me is correct and acknowledge that MWInns has the option to verify information.

Innkeeper Signature _____ Date _____

MWInns Use Only

App Postmarked _____ / _____ / _____ Pmt Rec'd _____ / _____ / _____ Check /CC _____
Amount \$ _____ Region _____ License(s) _____ # Rooms _____ Standards Checklist _____
2 brochures _____ File photos _____ Completed _____