



# Midwest Association of Independent Inns 2025 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# MWINNS 2025 NEW MEMBERSHIP APPLICATION

Send to: MWInns ~ 206 Jefferson Street ~ Waupaca, WI 54981 ~ info@mwinn.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.

## 2025 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 2025 MWInns yearly membership for 01-01-25 through 12-31-25.
- 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 \_\_\_\_\_