



## Midwest Association of Independent Inns 2026 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 _____	CITY _____	STATE _____	ZIP _____
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 2026 NEW MEMBERSHIP APPLICATION

Send to: MWInns ~ 11801 W Silver Spring Drive, Suite 200 ~ Milwaukee, WI 53225 ~ 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.

## 2026 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 2026 MWInns yearly membership for 01-01-26 through 12-31-26.
- 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 \_\_\_\_\_