



Kenai Peninsula Bed & Breakfast Association

PO Box 2992

Kenai, AK 99611

907-262-2643

888-510-2613 fax

www.kenaipeninsulabba.com

Membership Application – Associate Member

Please Check One: _____ Renewing Member, \$100.00
 _____ New Member, \$125.00 (Special Offer – 2012 - 2013)

Thank you for becoming an Associate Member of the Kenai Peninsula Bed & Breakfast Association. We look forward to working with you as a valued supporting member. Please mail, email, or fax requested documents to the address above. Please telephone Kathy with any questions.

Business Name _____
Mailing Address _____
Physical Address _____
Contact Person & Title _____
Telephone _____ Toll Free _____
Fax _____ Email Address _____
Website: <http://www.kenaipeninsulabba.com> _____
Type of Business _____

Information needed for your [kenaipeninsulabba.com](http://www.kenaipeninsulabba.com) web listing:
Description: 600 characters

Please include the following information to finalize your application.

1. Business License _____ State _____
2. Liability Insurance
 Name of Carrier _____
 Name of Agent _____
3. Check payable to Kenai Peninsula Bed & Breakfast Assco.

I acknowledge and by my signature certify that the information contained above is true and correct, that liability insurance will be maintained, and that I will comply with all requirements of membership in the Kenai Bed & Breakfast Association.

Signature _____
Signature Date _____