



Kenai Peninsula Bed & Breakfast Association

PO Box 2992

Kenai, AK 99611

907-262-2643

888-510-2613 fax

[www.kenaipeninsulaabba.com](http://www.kenaipeninsulaabba.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.kenaipeninsulaabba.com> \_\_\_\_\_  
Type of Business \_\_\_\_\_

Information needed for your [kenaipeninsulaabba.com](http://www.kenaipeninsulaabba.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 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.

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Signature \_\_\_\_\_  
Signature Date \_\_\_\_\_