



Aspiring Member Application

Date: _____

Name of Business (if applicable): _____

Address: _____

Telephone Number: _____ Email Address: _____

Web Site Address (if applicable): _____

Reasons for Joining NCBBI: _____

Proposed Opening Date: _____ Location: _____

Proposed Number of Guest Rooms: _____

How Did You Hear About Us? _____

Annual dues are based on a calendar year (January through December). Your completed form and check should be mailed to: Rita Deviney, NCBBI Membership Administrator, 16,665 Stokes Ferry Road, Richfield, NC 28137

North Carolina Bed & Breakfasts and Inns Association
Membership Inquiries contact: Frank Salvo, NCBBI VP Membership, WhiteGate Inn, 173 E.Chestnut St, NC.28801
Email: ncbbi@whitegate.net • Website: www.ncbbi.org • Phone: (828) 253-2553

9/11/2008