

WIIN Associate Member Application



Thank you for your interest in the Washington Independent Inns Network (WIIN), the only state-wide association of professional innkeepers. We would love to have you as a business partner.

Eligibility: Associate Memberships are available to businesses offering products and services to innkeepers.

Benefits

- Listing in the member’s only section of Walnns.com with description, link and optional photo.
- Use of the exclusive WIIN Logo.
- Member mailing lists and contacts.
- WIIN representatives will educate members about Associate members and their valuable services .
- Member rates at WIIN conferences
- Priority invitations to WIIN Trade Show registration.
- Listing and link in monthly InnStep “WIIN’s” e-newsletter.

How to Apply: We encourage online application for faster processing. You can print, fill out and mail this form to the address below. There is a \$99 fee that is required with application submission and \$99 each renewing year payable by Sept 30th each year. (WIIN’s membership year is September 30th through October 1st.) All Associate members must be approved by the WIIN Board of Directors.

Please contact vpmembership@wainns.com with any questions you have about benefits or the application process.

Business Name * _____

Type of product or service provided *

Contact Person * _____

Email Address * _____

Street Address * _____

City * _____

State * _____ **ZipCode *** _____

Telephone * _____

Toll Free (if applicable) _____

Fax (if applicable) _____

Website Address * _____

Items marked with an asterisk* are required information for the application. Please make sure all asterisked items are filled in.

First Reference

Reference Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Email Address: _____

Second Reference

Reference Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Email Address: _____

1. I/we own a business that provides a product or service of interest or value to innkeepers. Yes No
2. I/we do not own, operate or have any financial affiliation with a Washington Inn or other public accommodation. Yes No
3. I/we give WIIN permission to contact the above listed references. I/we agree to above conditions* I agree I do not agree

To submit this application print, complete and mail it with a check for \$99 to:

Washington Independent Inns Network
2442 NW Market Street, PMB #155
Seattle. WA 98107
Telephone: 206.487.4133

Please call us if applying by mail for faster processing.