

Washington Independent Inns Network (WIIN) Membership Application



Thank you for your interest in the Washington Independent Inns Network, (WIIN), the only statewide association of professional innkeepers. We would love to have you as a member! Membership benefits and criteria may be found via the Membership Tab at WaINNS.com. We are happy to answer any questions you have about benefits or the application process at vmembership@WaINNS.com or the address/telephone number at the bottom of this form.

We encourage online application for faster processing and payment, but you may also print, complete and mail this form with a check to the address below. If you are mailing, please call us and let us know to expect your application. Upon receipt of a completed application and payment of the one-time \$149 inspection fee a Quality Assurance Representative will contact you to schedule a visit to your property. When that visit is completed, you will be notified of approval status after a vote by the WIIN Board of Directors. Soon after approval, you will be invoiced for membership dues, prorated from the date of approval through September 30, the end of our fiscal year.

If you are a new owner of a current WIIN member inn and you complete this application within 30 days of taking ownership, and dues paid by the selling member will be credited to you! Items marked with an asterisk (*) are required for processing.

Inn Name* _____

Inn Street Address* _____

City:* _____

County* _____

State* _____ Zip* _____

Owner(s)
Name(s):* _____

Phone* _____

Email Address* _____

Inn Website* _____

Innkeeper Information (if different than the owner)

Name(s) _____

Email _____ Phone _____

Required membership criteria:

The property has an overall rating of 4 on TripAdvisor. Yes No

Is the property independently owned and operated?* Yes No

Does the owner operator live on site or in close proximity to the inn?* Yes No

(This requirement exists to provide for guests needs and for emergency situations. Contact WIIN to get a definition of “close proximity”.)

There is at least one bathroom per 3 guestrooms?* Yes No

Additional information:

Is a complimentary breakfast included in your room rate? Yes No
(This is not a requirement for WIIN membership.)

The number of guest rooms the property has? _____

There is a full listing of the Standards of Membership on our website.

Insurance Criteria:

Name of Insurance Carrier* _____

Dollar amount of liability coverage* _____

Note: WIIN requires a minimum of \$1,000,000 of commercial liability insurance. Your property must be insured as a business and have commercial liability insurance. Home Owners Insurance covers personal liability. This does not provide coverage or auto or business-related incidents. Commercial insurance or a business owner’s policy covers your commercial assets and business liability for your business. Both coverages are needed. It is best to talk with an insurance company who specializes in insurance for our industry. Please inquire about our associate members who offer this type of insurance.

Current Licensing:

Washington Master Business License* _____
Number Expiration

WA Transient Accommodations License _____
(for properties with 3 or more rooms) Number Expiration

County Health Permit _____
County Number Expiration

County Business License _____
County Number Expiration

Water System Permit _____
(well water testing) Date of last inspection

Liquor License or BnB Beer and Wine Permit _____
Type Number Expiration

Water Recreation Permit _____
(for pools or hot tubs) County Number Expiration

Additional comments or questions:

Fees/Payments:

One-time property inspection fee of \$149 is due with this application.
Basic member dues will be invoiced once your membership is approved.

Membership Agreement:

Members must maintain their inn using the highest standards of safety, cleanliness, comfort, hospitality and ethics in accordance with WIIN Standards of Membership.

Members must abide by the WIIN By-Laws, available at www.WalNNs.com

Applicants give permission for a site inspection by a WIIN quality assurance representative. WIIN encourages you to offer the representative an overnight stay without charge. This stay could be a valuable resource for your property given the wealth of knowledge and experience our representative provides.

We also encourage you to review the WIIN Standards of Membership criteria found under the Membership tab at www.Walnn.com. This will help you prepare for your inspection.

I/We agree to the above Membership Agreement* Yes No

Name of Applicant(s)* _____

Print and complete this document, enclose a check for \$149 and mail to:

Washington Independent Inns Network
2442 NW Market St. Suite 155
Seattle, WA. 98107

Phone: 206.487.4133