



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. Join our unique association today and build success for your property. Membership benefits and criteria may be found via the Membership Tab at www.waiNNS.com. We are happy to answer any questions you have about benefits or the application process at vpmembership@waiNNS.com or the telephone number below.

For speed and efficiency we accept online applications. Upon receipt of a completed application and payment of the one-time \$149 inspection fee, a Regional Representative will contact you to schedule a site visit to your property to review and ensure the highest standards for all WIIN members. 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, any 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** WA **ZIP** _____

Owner(s) Name(s):* _____

Phone(s)* _____ / _____

Email Address * _____

Inn Website* _____

Number of Rooms your Inn will have available for stays: _____ **# bathrooms** _____

Innkeeper Information (if different than the owner)

Name(s) _____

Email _____ Phone _____

Required membership criteria:

- | | | |
|--|-----|----|
| • The property has an overall rating of 4 on TripAdvisor/Google. * | Yes | No |
| • Is the property independently owned and operated? * | Yes | No |
| • There is at least one bathroom per 3 guest rooms? * | Yes | No |
| • Does the owner operator live on-site or near the inn? * | Yes | No |

(This requirement exists to provide for guests needs and for emergency situations.

Contact WIIN to get a definition of "near" or close proximity.)

Additional information:

Is a complimentary breakfast included in your room rate? Yes No

(This is not a requirement for WIIN membership.)

Insurance Criteria: *

Name of Insurance Carrier _____

Policy Term: _____ to _____

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. Homeowners insurance covers personal liability. This does not provide coverage for business-related legal exposure or guest incidents. Commercial insurance, a business owner’s policy, covers your commercial assets and business liability. Both coverages are necessary. It is best to talk with a professional insurance broker who specializes in our hospitality industry. Please inquire about our Associate Members who offer this type of service.

Current Licensing: *

WA Master Business License _____

Number

Expiration

Other licenses that will be requested will be:

- WA Transient Accommodations License (for properties with 3 or more rooms)
- County Health Permit
- City and/or County Business License
- Water System Permit (if on well water)
- Liquor License or B&B Beer/Wine Permit (optional)
- Water Recreation Permit (for pools or hot tubs)

Fees/Payments:

A 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 found under the membership tab at www.waINNS.com . This will also help as you prepare for the quality assurance inspection.
- Members must abide by the WIIN By-Laws, available to read at www.waINNS.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.

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

Signature: _____

Name of Applicant(s) _____

(Please print)

Date: _____

More Questions? Email vpmembership@waINNS.com or contact WIIN at (206)487-4133

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