

Unique Lodging Membership Application



- Bed & Breakfast
 Country Inn
 Farm Vacation
 Boutique Hotel
- 1-13 rooms.....\$170.⁰⁰ flat rate + \$10.⁰⁰ per rm.
 14 rooms or more..... \$305.⁰⁰
- Aspiring Innkeeper = \$50
 Vacation Rental = \$350

Rates effective July 1, 2008 – June 30, 2009

INN NAME:	
ADDRESS	
CITY/STATE/ZIP	
PHONE	FAX

Please complete information below for our records

# OF ROOMS:	COUNTY:
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WEB SITE ADDRESS: http:// _____

PRIMARY CONTACT:	TITLE:
E-MAIL ADDRESS:	

SECONDARY CONTACT:	TITLE:
E-MAIL ADDRESS:	

- DO YOU SERVE ANY MEALS OTHER THAN BREAKFAST? YES NO
 DO HAVE A LIQUOR LICENSE? YES NO
 DO HAVE A POOL OR SPA? YES NO

If you wish to be listed under a different city/town than the one in your address, indicate it on the line below:

We would rather be listed under: _____

Your listing on PAINNS.COM will include a "Get Map" button to provide visitors with a map and directions to your property. By default this will be automatically generated by MAPQUEST based on your address. If you would rather have this button link directly to your own directions page, please list the address below:

Instead of MAPQUEST, please use: http:// _____

INSPECTIONS: Check all that apply below. This information will be verified. Your listing on PAINNS.COM will indicate if you have an inspection or not; the exact inspection will not be listed.

- Inspected by the PA Tourism & Lodging Association
 Inspected by Select Registry
 AAA Inspected ___ (# of Diamonds)
 Mobil Guide Inspected ___ (# of Stars)
 No inspections at this time.

AUTHORIZED SIGNATURE: _____

DATE: _____

The above signed agrees to abide by the Articles of Incorporation and Bylaws of the PTLA, and support the goals and objectives of the PTLA

Return to: PA Tourism & Lodging Association
PO Box 12025
Harrisburg, PA 17108-2025
FAX 717-232-8948



METHOD OF PAYMENT			
<input type="checkbox"/> Check/Money Order <i>Make checks payable to PA Tourism & Lodging Association</i>			
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	<input type="checkbox"/> American Express <input type="checkbox"/> Discover		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card Account Number		Expiration Date	Verification Code
Cardholder's Signature _____			
Credit Card Billing Address (if different from above) _____			

