



B&B MEMBER APPLICATION

Date: _____

Property Name:

Title (Innkeeper/Manager):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

CLA Annual Dues Investment

Membership Dues Computation:

Room Count: _____

Food & Beverage Operation: Yes ___ No ___

Bed & Breakfast/Inn:

CLA Membership 1 – 9 rooms \$100/year

CLA Membership 10 and over rooms \$300/year

Total Membership Fee Due: \$ _____

___ Find check payable to: CLA, 545 Long Wharf Drive 4th Floor, New Haven, CT 06511

___ Bill my credit card: ___ MC ___ VISA ___ AMEX

CC#: _____

Exp.: _____ Signature: _____