



**BED & BREAKFAST and FARMSTAY  
NSW & ACT  
ABN 23 730 643 618  
NEW MEMBERSHIP APPLICATION – Part 2  
Property Details**

**Membership Application for:**  Associate  Full  Affiliate

**Associate membership** is appropriate for those intending to enter the B&B/Farmstay industry or for those in the process of developing their business. **Full membership** is appropriate for operating businesses. **Affiliate Membership** is designed for businesses other than B&B or Farmstays where that business is related in some way to the B&B and Farmstay industry.

Business Name: \_\_\_\_\_ ABN Number: \_\_\_\_\_

Member Name[s] \_\_\_\_\_  
*Please indicate two names if membership to be in both names*

Street Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

*If different from above*

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

**Associate and Full Members:** Please complete the additional property details overleaf and forward both pages to the address indicated on page 2 with your cheque or card details. Please note that, if you cannot provide all the property details or are unable to complete the declaration at this time, it is perfectly appropriate to proceed immediately to Associate status and then to Full Membership status later when the information can be provided and/or the declaration made.

**Affiliate Members:** Please sign the declaration and forward with payment - the property information is not required.

**PAYMENT DETAILS** (Once payment has been made a TAX INVOICE/RECEIPT will be sent to you)

Membership fee \$ \_\_\_\_\_  
Plus Joining fee \$ 55.00  
Total (incl GST) \$ \_\_\_\_\_

Cheque  or Credit Card  →

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Card number _____ -- _____ -- _____ -- _____ Name on card _____ Expires _____ / _____
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*Please use the attached "Fees Schedule" to calculate your fees then enter into the space above*

**MEMBERSHIP DECLARATION**

**Essential Pre-requisites for full membership for B&B/Farmstay Operators:** Please tick  where appropriate. **NOTE: Copies of Business Name Registration and Public Liability Insurance certificate should accompany your application for full membership**

Open for Business	<input type="checkbox"/>	Comply with Local Government requirements	<input type="checkbox"/>
Breakfast (or provisions) included in Tariff	<input type="checkbox"/>	Comply with relevant Fire Regulations	<input type="checkbox"/>
Fully self catering (no breakfast) Cottages and Cabins ONLY	<input type="checkbox"/>	Business Name Registration (OFT) <b>(Copy of OFT Certificate - Attached)</b>	<input type="checkbox"/>
You meet and greet your guests	<input type="checkbox"/>	B&B and Public Liability Insurance <b>(Copy of Certificate of Currency - Attached)</b>	<input type="checkbox"/>
Compliance with Quality Checklist (See Code of Practice) Self Assessed <input type="checkbox"/> Externally Assessed <input type="checkbox"/>	<input type="checkbox"/>		

I/we wish to apply for membership of Bed & Breakfast and Farmstay NSW & ACT. I have read the BBFANSW-ACT Code of Practice and agree to abide by both it and the Association's Rules. I/we confirm that the information set out in this application is accurate and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED WHERE MEMBERSHIP IS RECOMMENDED BY ANOTHER MEMBER**

Referred by \_\_\_\_\_ of \_\_\_\_\_ Membership Number/Referral \_\_\_\_\_



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B&B Type: <i>Select up to two, Indicate Primary by number</i> ↓ [NOTE: If provided, breakfast MUST be included in tariff]	Breakfast Type - <i>Please tick</i> <input checked="" type="checkbox"/> (choose up to 2)				Fully self catered
	Full Cooked	Generous Continental	Generous Provisions	Type Varies	
Homestay (Traditional B&B)	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Farmstay (Traditional B&B)	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Farmstay Cottage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmstay Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guesthouse	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Inn	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Country Home	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Cottage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AAA Tourism Rating:** \_\_\_\_\_ **STARS** (Ratings will be verified by the Association)

**NTAP accredited**  Please tick  if accredited under the National Tourism Accreditation Program  
(Accreditation will be verified by the Association)

**Establishment Size:** Please enter number where appropriate

Number of Bedrooms (Homestay / Farmstay / Guesthouse / Country Home / Inn) \_\_\_\_\_

Number of Cottages, Cabins, Apartments or Suites \_\_\_\_\_

Number of Guests accommodated in permanent beds \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

**Other:** Please tick  where appropriate

- |   |                                     |                               |  |
|---|-------------------------------------|-------------------------------|--|
| Dinner Served                                     | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> By Arrangement  |
| Children catered for                              | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> By Arrangement  |
| Pets allowed                                      | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> By Arrangement  |
| Wheelchair friendly                               | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> ASA Standard  |
| Smoking allowed                                   | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> Outside only  |
| Do you accept Credit Cards                        | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  |  |
| Cards Accepted:                                   | <input type="checkbox"/> Visa/MCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Diners Club <input type="checkbox"/> Other                        |
| Agents' Commissions paid                          | <input type="checkbox"/> No         | <input type="checkbox"/> Yes  | <input type="checkbox"/> 10% max <input type="checkbox"/> 20% <input type="checkbox"/> 30% |
| Private Water Supply (Rain Water Dams Rivers etc) | <input type="checkbox"/>            |                               |  |

**Other Association Membership Details:** Please tick  where appropriate and provide name of local B&B Group if a member

- |                         |                          |                             |                          |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| Regional Assoc. Member  | <input type="checkbox"/> | Local Tourism Assoc. Member | <input type="checkbox"/> |
| Local B&B Group Member  | <input type="checkbox"/> | Marketing Group Member      | <input type="checkbox"/> |
| Name of local B&B Group | _____                    |                             | Contact name/phone _____ |

**Training Courses Completed:** Please tick  where appropriate and indicate year course undertaken

- |                        |                                |                             |                                |
|------------------------|--------------------------------|-----------------------------|--------------------------------|
| B&B Starter Year       | _____ <input type="checkbox"/> | First Aid Year              | _____ <input type="checkbox"/> |
| Food Hygiene Year      | _____ <input type="checkbox"/> | Accreditation Workshop Year | _____ <input type="checkbox"/> |
| Other (please specify) | _____ Year _____               |                             |                                |

All information is confidential; please see the Members' Website [www.bedandbreakfast.org.au](http://www.bedandbreakfast.org.au) for the Association's Privacy Statement. Please forward your application and cheque (payable to BBFANSW) or card details on the Part 1 of the appropriate form above to: **Clare Swan, Office Manager - PO Box 4586 NORTH ROCKS 2151**  
Phone: 02 9871 7417 Fax: 02 9614 0159 E-mail: swaans@optusnet.com.au