

ONTARIO ACCOMMODATION ASSOCIATION

MEMBERSHIP APPLICATION

PLEASE PRINT/TYPE

63 Years Of *SERVICE!*

ESTABLISHMENT NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

FAX: _____ WEBSITE: _____

TOLL-FREE: _____ # OF RENTAL UNITS (include cabins & cottages): _____

CONTACT NAME: _____ OWNER MANAGER

Do you own more than one property? *Please state name and location: _____

FACILITIES (This helps us market you to travellers via our *Traveller's Companion* directory and on our website):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Pets | <input type="checkbox"/> Price Range: \$ _____ |
| <input type="checkbox"/> Licensed to serve liquor | <input type="checkbox"/> Indoor Swimming Pool | <input type="checkbox"/> Rated by Canada Select: _____ ☆ Cat.: _____ | |
| <input type="checkbox"/> Wheelchair-accessible rooms | <input type="checkbox"/> Outdoor Swimming Pool | <input type="checkbox"/> Rated by CAA/AAA: _____ ◇ | |
| <input type="checkbox"/> Non-Smoking Rooms | <input type="checkbox"/> Fitness Centre | <input type="checkbox"/> Seasonality: _____ | |
| <input type="checkbox"/> Highlights (50 characters): _____ | | | |

Property Description	
<input type="checkbox"/> Motel	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Hotel	<input type="checkbox"/> Cottages
<input type="checkbox"/> Inn	<input type="checkbox"/> Outfitter Lodge
<input type="checkbox"/> Resort	<input type="checkbox"/> Bed & Breakfast

This helps us gather industry statistics to aid our Government Action efforts to protect your livelihood. Individual responses are kept strictly confidential:

Full-time employees: _____ Part-time employees: _____

FEE SCHEDULE

Membership Fees are tax deductible.

REGULAR RATE	Our HST # R121928238
OAA BASIC FEE:	\$145.00
TOTAL # ROOMS:	X \$5.00 =
SUB-TOTAL (MAX. FEE: \$575):	=
<input type="checkbox"/> Email or <input type="checkbox"/> Web Link: Add \$35.00	=
Both Email and Web Links: Add \$60.00	=
13% HST:	=
GRAND TOTAL:	=

<input type="checkbox"/> CHEQUE ENCLOSED <input type="checkbox"/> PLEASE CHARGE TO MY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Signature: _____ Card Number: _____ Expiry Date: _____ <p style="text-align: center;">Membership is effective for a 12-month period from the time of acceptance.</p>

Maximum Fee: Properties over 90 rooms pay \$575 regardless of size!

***Multiple Property Rate:** If two or more properties are owned, the Regular Rate (above) applies to the property with the greatest number of rooms. A special lower Multiple Property Rate applies to the other properties owned. Contact us for details.

Referred By (optional): _____ Property _____ City _____	SEND COMPLETED APPLICATION AND PAYMENT TO: ONTARIO ACCOMMODATION ASSOCIATION 347 PIDO ROAD, UNIT 2, R.R. 6, PETERBOROUGH, ONTARIO K9J 6X7 TOLL FREE: 1-800-461-1972 TEL: (705) 745-4982 FAX: (705) 745-4983 E-MAIL: info@oaa.travel Website: www.oaa.travel	 <p style="font-size: small;">ONTARIO ACCOMMODATION ASSOCIATION</p>
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