



2101 Wilson Blvd, Suite 610  
Arlington, Virginia 22201  
Telephone: 703 558-0670  
Facsimile: 703 558-0401  
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## 2009 Financial Services Division MEMBERSHIP APPLICATION

Please complete and return this application to MHI at the address above. Specific financial, production, and ownership information is kept strictly confidential and not reported separately to a third party.

### 2009 MHI FINANCIAL DIVISION DUES CERTIFICATION

(Choose Only One Category Below That Best Describes Your Business)

<u>TYPE OF BUSINESS</u>	<u>NUMBER OF STATES FROM WHICH INDUSTRY BUSINESS IS DERIVED</u>	<u>2008 DUES</u>
<b>1. RETAIL / MORTGAGE LENDING</b>	1 TO 5 STATES	\$2,300
	6 TO 15 STATES	\$5,750
	16 TO 29 STATES	\$6,900
	30 OR MORE STATES	\$11,500
<b>2. FLOOR PLAN LENDING</b>	1 TO 5 STATES	\$2,300
	6 TO 14 STATES	\$4,600
	15 OR MORE STATES	\$6,900
<b>3. INSURANCE SERVICES</b>	1 TO 5 STATES	\$2,300
	6 TO 14 STATES	\$4,600
	15 OR MORE STATES	\$6,900
<b>4. LOAN BROKERAGE / APPRAISAL</b>	1 TO 5 STATES	\$1,150
	6 TO 14 STATES	\$3,450
	15 OR MORE STATES	\$5,750
<b>5. CONSULTING SERVICES</b>	1 TO 5 STATES	\$1,150
	6 TO 14 STATES	\$2,300
	15 OR MORE STATES	\$3,450
<b>6. ANALYST</b>	ALL LEVELS	\$3,000

**WE AGREE TO ABIDE BY THE MHI BYLAWS AND THE PROCEDURES OF THE FINANCIAL SERVICES DIVISION. I FURTHER CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM IS ACCURATE.**

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WEB SITE: \_\_\_\_\_  
PRESIDENT: \_\_\_\_\_ CFO: \_\_\_\_\_

CERTIFIED REPRESENTATIVE NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

*The Certified Representative serves as the member company's point of contact for MHI membership, receives all MHI communications, votes on behalf of the member company, and may run for office available to that membership category.*

Alternate Representative Name: \_\_\_\_\_  
TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

*The Alternate Representative serves in the place of the Certified Representative when the Certified Representative is absent or otherwise not available.*

### APPLICATION FEE AND DUES PAYMENT PLAN

(Please indicate preferred payment plan)

\_\_\_\_ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR ANNUAL DUES PAYMENT

\_\_\_\_ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR FIRST QUARTERLY PAYMENT

\_\_\_\_ PLEASE CHARGE \$\_\_\_\_\_ TO OUR VISA / MASTERCARD / AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

DUES AMOUNTS ARE BASED ON A CALENDAR-YEAR BASIS AND WILL BE PRO-RATED THROUGHOUT THE YEAR

**Mail or fax this to:  
(703) 558-0401 fax  
Attention: Membership Department**

2101 Wilson Blvd. Suite 610 Arlington, VA 22201-3062 Tel: 703.558.0400 Fax: 703.558.0401  
<http://www.manufacturedhousing.org> [info@mfghome.org](mailto:info@mfghome.org)