



NATIONAL MODULAR HOUSING COUNCIL  
 2101 WILSON BLVD., STE. 610  
 ARLINGTON, VA 22201-3040  
 EMAIL: TLONG@MODULARCOUNCIL.ORG  
 PHONE: 703.558.0678  
 FAX 703.558.0401

## National Modular Housing Council Membership Application

### 2009 DUES SCHEDULE

*Specific financial, production, and ownership information is kept confidential and not reported separately to a third party.*

#### MANUFACTURER MEMBER

- **2009 Manufacturers Division dues are \$22 per modular home produced, payable per month, with a \$575 per year minimum. Once your company’s application is received, monthly production reports will be requested.**

Our professional staff works closely with member manufacturers on modular issues and conducts research on such important issues as statistics on market growth, sales & use tax, International Residential Code (IRC), transportation, structural design, installation systems, and other technical activities.

#### BUILDER / DEVELOPER CATEGORY

- **Builder / Developer ..... \$575**

This category is only for those companies that develop or build (or plan to develop or build) with modular homes. NMHC provides a number of benefits to developers, including educational and networking opportunities; technical assistance on planning and zoning; publications on housing development; and access to NMHC staff experts. Additionally, membership in NMHC affords builders and land developers the opportunity to network directly with industry leaders, including home producers, lenders and suppliers.

NOTE: Membership dues include a \$25 subscription fee to *Modern Homes* magazine.



**Return Application & Dues Forms to:**  
 MHI-NATIONAL MODULAR HOUSING COUNCIL  
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 ARLINGTON, VA 22201-3040  
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# 2009 Membership Application

**PLEASE CHECK THE CATEGORY FOR WHICH YOU ARE APPLYING**

**Manufacturer**                       **Builder / Developer**

**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 / NMHC 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: \_\_\_\_\_

Serves in the place of the Certified Representative when the Certified Representative is absent or otherwise not available.

## Application Fee and Dues Payment Plan

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

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

CARD NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_ BILL ZIP CODE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

WE AGREE TO ABIDE BY THE MHI BYLAWS AND THE PROCEDURES OF THE NATIONAL MODULAR HOUSING COUNCIL.

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

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