



2009 MHI NATIONAL RETAILERS COUNCIL MEMBERSHIP APPLICATION

BUSINESS CATEGORY (PLEASE CHOOSE ONE)

AMOUNT

RETAILER

_____ THIS CATEGORY IS FOR COMPANIES THAT OWN OR
MANAGE RETAIL SALES CENTERS ENGAGED IN THE SELLING
AND/OR RE-SELLING OF MANUFACTURED OR MODULAR
HOMES **\$575**

PLEASE INDICATE:

Number of Retail Locations _____

Number of States in which Your Company does Business _____

Approximate Number of Homes Sold Annually: _____

NOTE: A RETAIL SALES CENTER OWNER MEMBER MUST BE A MEMBER OF A STATE ASSOCIATION MEMBER IN ALL STATES WHERE PHYSICAL RETAIL SALES CENTERS ARE OPERATED AND LICENSED BY THE STATE IF LICENSING IS REQUIRED.

DEVELOPER

_____ THIS CATEGORY IS ONLY FOR THOSE COMPANIES THAT
DEVELOP (OR PLAN TO DEVELOP) WITH MANUFACTURED
AND MODULAR HOMES BUT DO NOT OWN OR MANAGE
LAND-LEASE COMMUNITIES **\$575**

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

WEB SITE: _____

PRESIDENT: _____ CFO: _____

IS YOUR COMPANY A MEMBER OF YOUR STATE ASSOCIATION? _____ YES _____ NO

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.

DUES SCHEDULE FOLLOWS CALENDAR-YEAR AND WILL BE PRO-RATED

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

_____ 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: _____ BILL ZIP CODE: _____

SIGNATURE: _____

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

SIGNATURE: _____

DATE SIGNED: _____

NAME PRINTED: _____

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

MHI
ATTN: MEMBERSHIP DEPARTMENT
2101 WILSON BLVD., STE. 610
ARLINGTON, VA 22201-3040
703.558.0678
FAX 703.558.0401
EMAIL: TLONG@MFGHOME.ORG

