



MHI

2101 Wilson Blvd, Suite 610
Arlington, Virginia 22201
Telephone: 703 558-0678
Facsimile: 703 558-0401
Email: tlong@mfghome.org

2009 Suppliers 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 SUPPLIER DIVISION DUES SCHEDULE

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

A. WHOLESALE SUPPLIERS

Annual Sales to the MH Industry

<input type="checkbox"/> under \$500,000	\$1,000
<input type="checkbox"/> \$500,001 to \$1,000,000	\$1,438
<input type="checkbox"/> \$1,000,001 to \$3,000,000	\$1,869
<input type="checkbox"/> \$3,000,001 to \$6,000,000	\$2,444
<input type="checkbox"/> \$6,000,001 to \$9,000,000	\$3,594
<input type="checkbox"/> \$9,000,001 to \$12,000,000	\$5,031
<input type="checkbox"/> \$12,000,001 to \$20,000,000	\$6,469
<input type="checkbox"/> more than \$20,000,000	\$7,188

B. AFTER MARKET SUPPLIERS

Number of States Company Derives Industry Business

<input type="checkbox"/> 1 to 5 States	\$1,000
<input type="checkbox"/> 6 to 10	\$1,438
<input type="checkbox"/> 11 to 20	\$2,530
<input type="checkbox"/> 21 or more	\$3,450

C. PROFESSIONAL SERVICE PROVIDER

(Reference "Wholesale Suppliers" for 2008 Dues)

- Attorney
- Consultant
- Non-Profit
- Architect

PRODUCT AND SERVICES PROVIDED (Check All That Apply)

- | | | |
|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aftermarket Upkeep | <input type="checkbox"/> Exterior Accessories | <input type="checkbox"/> Plumbing Materials |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Flooring & Coverings | <input type="checkbox"/> Roofing Materials |
| <input type="checkbox"/> Building Materials & Equip | <input type="checkbox"/> Foundations / Anchoring Sys | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Heating & AC | <input type="checkbox"/> Siding & Installation |
| <input type="checkbox"/> Computer – Database Services | <input type="checkbox"/> Installation Equip & Material | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Distributors | <input type="checkbox"/> Interior Decor | <input type="checkbox"/> Ventilation Systems |
| <input type="checkbox"/> Doors & Accessories | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Warranties |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Marketing | <input type="checkbox"/> Windows / Skylights |

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

SIGNATURE: _____ DATE: _____

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**

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