



1655 Fort Myer Drive, Suite 200
Arlington, VA 22209
Fax: 703-558-0401
Contact: membership@mfgghome.org

Suppliers Division MEMBERSHIP APPLICATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

WEB SITE (IF APPLICABLE): _____

Is your company incorporated? Yes No Not Sure

PRIMARY CONTACT serves as the company's main point of contact for MHI membership and billing. In addition, the primary contact will receive all MHI/NMHC communications, votes on behalf of the member company and may run for office positions available to the membership category.

ALTERNATE CONTACT serves in place of the primary contact when he/she is absent or unavailable.

PRIMARY CONTACT: _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ALTERNATE CONTACT: _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

BILLING CONTACT (if different than primary): _____

TITLE: _____ EMAIL: _____

PHONE: _____

MARKETING CONTACT (if different than primary): _____

TITLE: _____ EMAIL: _____

PHONE: _____

Select membership category that best represents your business:

A. WHOLESALE SUPPLIERS

Annual sales to the MH industry

- under \$500,000..... \$1,000
- \$500,001 to \$1,000,000 \$1,438
- \$1,000,001 to \$3,000,000..... \$1,869
- \$3,000,001 to \$6,000,000..... \$2,444
- \$6,000,001 to \$9,000,000..... \$3,594
- \$9,000,001 to \$12,000,000 \$5,031
- \$12,000,001 to \$20,000,000 \$6,469
- Over \$20,000,000 \$7,188

B. AFTER MARKET SUPPLIERS

Number of states in which your company does business

- 1 to 5 States \$1,000
- 6 to 10 States \$1,438
- 11 to 20 States \$2,530
- 21+ States \$3,450

C. PROFESSIONAL SERVICE PROVIDER

Reference "WHOLESALE SUPPLIERS" for dues amounts

- Attorney Non-Profit
- Consultant Architect

All Memberships: Onetime \$100 application fee.

Application Fee and Dues Payment

- Enclosed is a check for our membership dues as indicated plus the \$100 application fee.
- Please charge our credit card for our membership dues as indicated plus the \$100 application fee.

CARD NUMBER: _____ EXPIRES: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
NAME ON CARD: _____ SIGNATURE: _____

Member Directory Description (Optional)

Please share a brief description about your company and, if applicable, the service/product you offer the manufactured housing industry:

MEMBER COMPANIES AGREE TO ABIDE BY THE MHI BYLAWS AND THE SUPPLIERS DIVISION RULES AND OPERATING PROCEDURES. I FURTHER THAT, TO THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM IS ACCURATE.

I hereby certify the information in this application is true and correct, and I agree failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership in MHI, if granted. I further agree that, if accepted for membership in MHI, I shall pay dues and abide by MHI's Bylaws, NCC Code of Ethics, rules and directives, including those covering use of MHI's trademark and other intellectual property.

By signing below, I consent to MHI contacting me at the specified address by any means of communication available and to having my information listed in MHI's directory of members.

SIGNATURE: _____ DATE: _____

NAME PRINTED: _____

MHI-PAC Prior Approval (Optional)

MHI-PAC is the industry's tool to support federal candidates who support manufactured housing. As the qualified representative for your company's MHI membership, you authorize MHI-PAC to solicit voluntary, personal contributions from you and, at your discretion, the executive and administrative employees at your company. Corporate approval is necessary before MHI-PAC may conduct a solicitation, and the authorization is effective for the years indicated below. You also pledge that your company has not authorized another trade association with a federal PAC to solicit contributions during the calendar years noted. A signature is required for each year you grant MHI-PAC prior approval.

2023 _____ 2024 _____ 2025 _____

2026 _____ 2027 _____ 2028 _____

How did you hear about MHI?

Attending or planning to attend an MHI event. Which event: _____

From an MHI speaker at an event. Which event: _____

From an industry friend or colleague. Who: _____

MHI's website MHI's newsletter An email A letter or a card in the mail

Other, please specify: _____

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

MHI | Attn: Team Development

1655 Fort Myer Drive, Suite 200, Arlington, VA 22209

Contact: membership@mfgghome.org | FAX: 703-558-0401

Internal Revenue Service rules require us to remind you that contributions or gifts to the Manufactured Housing Institute are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments may be tax deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. MHI estimates that the non-deductible portion of your 2023 dues - the portion which is allocable to lobbying - will be 30 percent.

Final approval for your membership application will be determined by MHI's Board of Directors.