



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

National Communities Council MEMBERSHIP APPLICATION



2021 National Communities Council Annual Dues (Choose category A, B, C or D below)

A. OWNER/MANAGER

_____ Sites Owned X \$0.50 Per Site \$ _____
_____ Sites Managed X \$0.50 Per Site \$ _____
TOTAL \$ _____

(\$375 Minimum)

B. SERVICE / PRODUCT PROVIDER

Annual sales volume

- Under \$500,000 \$1,000
- \$500,001 to \$1,000,000 \$1,438
- \$1,000,001 to \$3,000,000 \$1,869
- Over \$3,000,000 \$2,444

C. LENDING / BROKERAGE/ANALYST

Number of states in which your company does business

- 1 to 14 States \$3,450
- 15+ States \$5,750

D. DEVELOPER \$575

- This category is only for those companies that develop (or plan to develop) land-lease communities but do not currently own or manage land-lease communities.

WE AGREE TO ABIDE BY THE MHI BYLAWS AND THE NATIONAL COMMUNITIES COUNCIL CODE OF ETHICS. I FURTHER CERTIFY 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: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

WEB SITE: _____

Which state association does your company belong to? _____

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: _____

MARKETING CONTACT : _____

TITLE: _____ EMAIL: _____

PHONE: _____

Application Fee and Dues Payment

Annual membership is on a calendar year basis. Dues will be pro-rated based on date of application.

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: _____

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

MHI, Membership

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

Contact: kmckee@mfghome.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 2021 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/Executive Committee.