

# 2021 Suppliers Division MEMBERSHIP APPLICATION

Please select the membership category that best represents your company's core 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

**MEMBER COMPANIES AGREE TO ABIDE BY THE MHI BYLAWS AND THE PROCEDURES OF THE MHI SUPPLIERS DIVISION. I 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, 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: \_\_\_\_\_

**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 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

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 | Attn: Team Development

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

Contact: [kmckee@mfghome.org](mailto: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 of your membership application will be determined by MHI's Board of Directors.