



National Communities Council 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 c | ategory th | at best re | presents y | our business: |
|---------------------|------------|------------|------------|---------------|
|---------------------|------------|------------|------------|---------------|

| COMMUNITY OWNER/MANAGER | | |
|-------------------------------------------------------------------------------------------|---------------------------------------|---------|
| How many sites does your company own or manage? | X \$0.50 Per Site | \$ |
| Applicants joining as an Owner/Manager must also be a member of a r company belong to? | - | - |
| DEVELOPER | | |
| 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 |
| COMMUNITY LENDING/BROKERAGE/ANALYST Membership pricing is based on the number of state | es in which your company does l | |
| □ 1 to 14 States | | |
| ☐ 15+ States | | \$5,/50 |
| All Memberships: Onetime \$100 application fee. | | |
| Application Fee | and Dues Payment | |
| Enclosed is a check for our membership dues as indicated p | lus the \$100 application fee. | |
| $\hfill\square$ Please charge our credit card for our membership dues as in | ndicated plus the \$100 application f | ee. |
| 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 NATIONAL COMMUNITIES COUNCIL CODE OF ETHICS. 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 | 202 | 24 | 2025 | |
|--------------------|----------------------------|------------------|--------------------------------|--|
| 2026 | 202 | 27 | | |
| | | | | |
| How did you hear a | bout MHI? | | | |
| Attending or plann | ning to attend an MHI ever | nt. Which event: | | |
| From an MHI spea | ker at an event. Which eve | nt: | | |
| From an industry f | riend or colleague. Who: _ | | | |
| MHI's website | MHI's newsletter | 🗌 An email | A letter or a card in the mail | |
| Other, please spec | ify: | | | |

SEND COMPLETED APPLICATION FORM AND PAYMENTTO:

MHI | Attn: Team Development

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

Contact: membership@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 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.