

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



National Communities Council MEMBERSHIP APPLICATION

| COMPANY NAME: | | |
|--|--|------|
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE: | | |
| WEB SITE (IF APPLICABLE): | | |
| Is your company incorporated? ☐ Yes | □ No □ Not Sure | |
| | n point of contact for MHI membership and billing. In of the member company and may run for office position ry 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: | | |

| Sele | ect membership category that best represents your busin | ess: | |
|-------|---|-----------------------------------|---------------------------------------|
| | COMMUNITY OWNER/MANAGER | | |
| | How many sites does your company own or manage? | X \$0.50 Per Site | \$(\$375 Minimum) |
| | Applicants joining as an Owner/Manager must also be a member of a mai | | |
| | company belong to? | For assistance finding a state | association please call 703-558-0400. |
| | DEVELOPER This category is for those companies that develop or plan to but do not currently own or manage a community. | | |
| | 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 states | | |
| | 1 to 14 States | | |
| | ☐ 15+ States | | \$5,750 |
| All | Memberships: Onetime \$100 application fee. | | |
| | Application Fee a | nd Dues Payment | |
| | Enclosed is a check for our membership dues as indicated plu | s the \$100 application fee. | |
| | Please charge our credit card for our membership dues as ind | icated plus the \$100 application | fee. |
| CARI | IUMBER: EXPIRES: | | |
| BILLI | NG ADDRESS: | | |
| CITY: | | STATE: | ZIP: |
| NAM | IE 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.

DATE:

SIGNATURE:.

| NAME PRINTED: | | |
|--|---|--|
| | | |
| MHI-PAC Prior Approval (| Optional) | |
| for your company's MHI mediscretion, the executive an conduct a solicitation, and tauthorized another trade as | embership, you authorize MHI-PAC to solicit d administrative employees at your company he authorization is effective for the years indi | manufactured housing. As the qualified representative voluntary, personal contributions from you and, at your v. Corporate approval is necessary before MHI-PAC may cated below. You also pledge that your company has not outions during the calendar years noted. A signature is |
| 2024 | 2025 | 2026 |
| 2027 | 2028 | 2029 |
| 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 of | or colleague. Who: | |
| ☐ MHI's website ☐ | MHI's newsletter | A letter or a card in the mail |
| Other, please specify: _ | | |
| | | |

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

MHI | Attn: Membership 1655 Fort Myer Drive, Suite 200, Arlington, VA 22209 Contact: membership@mfghome.org | FAX: 703-558-0401

Contributions to the Manufactured Housing Institute are not tax deductible as a charitable contribution. For 2024, 25% of contributions relate to lobbying and are not deductible as a business expense; 75% may be deductible as a business expense.

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