



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

## National Retailers 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 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. RETAILER**

Applicants joining as a Retailer must also be a member of a manufactured housing state association.  
Which state association does your company belong to? \_\_\_\_\_

Number of retail locations: \_\_\_\_\_ x \$100 per location. .... \$ \_\_\_\_\_

Number of states in which your company does business: \_\_\_\_\_

Number of new homes sold in the last calendar year: \_\_\_\_\_

A retail sales center must be a member of a state association in all states where physical retail sales centers are operated and licensed by the state if licensing is required.

**B. DEVELOPER** ..... **\$575**

This category is for those companies that develop or plan to develop with manufactured housing communities but do not currently own or manage a community.

**Developer Membership: Onetime \$100 application fee. No application fee for Retailer Memberships.**

**Application Fee and Dues Payment**

Enclosed is a check for our membership dues as indicated plus the \$100 application fee if applying as a Developer.

Please charge our credit card for our membership dues as indicated plus the \$100 application fee if applying as a Developer.

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 RETAILERS COUNCIL 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, 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.

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 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: Membership

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

Contact: [membership@mfgghome.org](mailto:membership@mfgghome.org) | FAX: 703-558-0401

Contributions to 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.