

National Communities Council Membership Application

Company Name Address ZIP City State Website Phone Is your company incorporated? **Not Sure** Yes Nο Who referred you? **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 ZIP City State Phone **Alternate Contact** Title **Email** Address State ZIP City Phone **Billing Contact** Title (If different than Primary)

Phone

Email

Select membership category that best represents your business:

Community Owner/Manager

| How many sites does your company own or manage? | Annual sales volume | |
|---|--|--------------------------------------|
| X \$0.50 Per Site\$ | Under \$500,000 | \$1 000 |
| (\$375 Minimum) | | |
| Applicants joining as an Owner/Manager must also be a member of a manufactured housing state association. List the state association your company belongs to below. | \$500,001 to \$1,000,000 | \$1,438 |
| | \$1,000,001 to \$3,000,000 | \$1,869 |
| For assistance finding a state association please call 703-558-0400. | Over \$3,000,000 | \$2,444 |
| Developer | Community Lending/Brokerage/An | ıalyst |
| This category is for those companies that develop or plan to develop with manufactured housing but do not currently own or manage a community. | Membership pricing is based on the number of states in which your company does business: | |
| | 1 to 14 States | \$3,450 |
| | 15+ States | \$5,750 |
| Application Fees 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 | I plus the \$100 application fee. | |
| Card Number | Expires | |
| Billing Address | | |
| City | State ZIP | |
| Name on Card | Signature ZIP | |
| MEMBER COMPANIES AGREE TO ABIDE BY THE MHI BYLAWS AND THE NATION THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM | | M THAT, TO |
| I hereby certify that the information in this application is true and correct, and I at misstatement of fact, shall be grounds for revocation of my membership in MHI, and abide by MHI's Bylaws, rules and directives, including those covering use of I contacting me at the specified address by any means of communication available. | if granted. I further agree that, if accepted for membership in MHI, MHI's trademark and other intellectual property. By signing below, I | I shall pay dues I consent to MHI |
| Signature | Date | |
| Printed Name | | |
| | | |

Service/Product Provider