



National Retailers Council Membership Application

Company Name

Address

City State ZIP

Website Phone

Is your company incorporated? Yes No Not Sure

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

City State ZIP

Phone

Alternate Contact

Title Email

Address

City State ZIP

Phone

Billing Contact (If different than Primary)

Title

Email Phone

Select membership category that best represents your business:

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.

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.

Application Fees and Dues Payment

Enclosed is a check for our membership dues as indicated plus the \$100 application fee if applying as a developer.
Retailer memberships have no application fee.
Please charge our credit card for our membership dues as indicated plus the \$100 application fee if applying as a developer.
Retailer memberships have no application fee.

Card Number	Expires	
Billing Address		
City	State	ZIP
Name on Card	Signature	

MEMBER COMPANIES AGREE TO ABIDE BY THE MHI BYLAWS AND THE NATIONAL RETAILERS COUNCIL OPERATING PROCEDURES. I FURTHER AFFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM IS ACCURATE.

I hereby certify that the information in this application is true and correct, and I agree that 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
Printed Name	