



Suppliers Division 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:

Wholesale

Annual sales to the manufactured housing industry

under \$500,000.....	\$1,000
\$500,001 to \$1,000,000.....	\$1,438
\$1,000,001 to \$3,000,000.....	\$1,869
\$3,000,001 to \$6,000,000.....	\$2,444
\$6,000,001 to \$9,000,000.....	\$3,594
\$9,000,001 to \$12,000,000.....	\$5,031
\$12,000,001 to \$20,000,000.....	\$6,469
Over \$20,000,000.....	\$7,188

After Market Suppliers

Number of states in which your company does business

1 to 5 States.....	\$1,000
6 to 10 States.....	\$1,438
11 to 20 States.....	\$2,530
21+ States.....	\$3,450

Professional Service Provider

Reference "WHOLESALE SUPPLIER" for dues amounts

Attorney	Non-Profit
Consultant	Architect

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 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 SUPPLIERS DIVISION RULES AND OPERATING PROCEDURES. I FURTHER AGREE 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

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:
MHI | Attn: Membership
1655 Fort Myer Drive, Suite 200, Arlington, VA 22209-3108
Contact: membership@mfghome.org

Contributions to the Manufactured Housing Institute are not tax deductible as a charitable contribution. For 2025, 26% of contributions relate to lobbying and are not deductible as a business expense; 74% may be deductible as a business expense. Final approval for your membership application will be determined by MHI's Board of Directors.