



Financial Services Division Membership Application

Company Name

Address

City _____ State _____ ZIP _____

Website www.example.com **Phone** (555) 123-4567

Is your company incorporated? Yes No Not Sure

Who recommended you to join MHI?

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** _____

Alternate Contact

Title _____ **Email** _____

Address

City _____ **State** _____ **ZIP** _____

Phone: 1-800-555-1234 | Email: info@yourcompany.com | Address: 123 Main Street, Anytown, USA

Billing Contact

(if different than Primary)

Select the membership category that best represents your business:

Retail/Mortgage Lending

1 to 5 States.....	\$2,300
6 to 15 States.....	\$5,750
16 to 29 States.....	\$6,900
30+ States.....	\$11,500

Loan Brokerage/Appraisal

1 to 5 States.....	\$1,150
6 to 14 States.....	\$3,450
15+ States.....	\$5,750

Floor Plan Lending

1 to 5 States.....	\$2,300
6 to 14 States.....	\$4,600
15+ States.....	\$6,900

Consulting Services

1 to 5 States.....	\$1,150
6 to 14 States.....	\$2,300
15+ States.....	\$3,450

Insurance Services

1 to 5 States.....	\$2,300
6 to 14 States.....	\$4,600
15+ States.....	\$6,900

Analyst

All levels.....	\$3,000
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Application Fee 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

MEMBER COMPANIES AGREE TO ABIDE BY THE MHI BYLAWS AND THE FINANCIAL SERVICES DIVISION RULES AND OPERATING PROCEDURES.

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

To submit completed application form:

Send by email to: membership@mfghome.org

Send by mail to: MHI | Attn: Membership

1655 Fort Myer Drive, Suite 200, Arlington, VA 22209-3108

Contributions to the Manufactured Housing Institute are not tax deductible as a charitable contribution. For 2026, 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.