



Federated States Division Membership Application

Association Name

Address

City State ZIP

Website Phone

Who recommended you to join MHI?

Federated States Division Dues Schedule

Please select the membership category that best represents your organization's core business.

State associations that receive manufacturer shipment dues are billed \$1.00 per home shipped into the state. In addition, each state pays a \$1,000 membership fee annually. State associations are billed at the beginning of the year and can chose to pay their dues annually, quarterly or monthly.

State associations that are comprised of only community members pay according to membership size and pay their dues monthly. The dues schedule and formula are approved by the Federated States Division. For more information, please email membership@mfghome.org.

Primary Contact

Title Email

Address

City State ZIP

Phone

Voting Representatives

Serve as the association's voting representative to the respective division and council. Paid association staff may serve as the voting representative to the Federated States Division, but not the National Retailers Council or National Communities Council.

Federated States Division

This individual may be the state association executive director, a community owner/manager or employee, or a retail sales center owner or employee. An individual from the manufacturer, financial services or supplier sector of the industry may also serve if their company is a direct member of MHI.

Federated States Division Voting Delegate

Company Name

Title Email

Address

City State ZIP

Phone Website

National Communities Council (NCC)

This individual must own or manage land-lease communities.

NCC Voting Delegate

Company Name

Title Email

Address

City State ZIP

Phone Website

National Retailers Council (NRC)

This individual must own or work at a retail sales center.

NRC Voting Delegate

Company Name

Title Email

Address

City State

Phone Website

MEMBERS AGREE TO ABIDE BY THE MHI BYLAWS AND THE BYLAWS OF THE FEDERATED STATES DIVISION.

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