

ALTERNATE REPRESENTATIVE NAME: _____
TITLE: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

The Alternate Representative serves in the place of the Certified Representative when the Certified Representative is absent or otherwise not available.

APPLICATION FEE AND DUES PAYMENT PLAN

_____ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR ANNUAL DUES PAYMENT

_____ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR FIRST QUARTERLY PAYMENT (EXCEPT DEVELOPERS)

_____ PLEASE CHARGE \$_____ TO OUR VISA / MASTERCARD / AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRES: _____
BILLING ADDRESS: _____ ZIP: _____
NAME ON CARD: _____
SIGNATURE: _____

WE AGREE TO ABIDE BY THE MHI BYLAWS AND THE PROCEDURES OF THE NATIONAL COMMUNITIES COUNCIL. I FURTHER CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE LEVEL OF DUES CERTIFIED ON THIS FORM IS ACCURATE.

SIGNATURE: _____

DATE SIGNED: _____

NAME PRINTED: _____

SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

MEMBERSHIP DEPARTMENT
MHI NATIONAL COMMUNITIES COUNCIL
2111 WILSON BLVD., STE. 100
ARLINGTON, VA 22201
703.558.0668
FAX 703.558.0401
EMAIL: CHERYL@MFGHOME.ORG

