



NATIONAL MODULAR HOUSING COUNCIL
 2111 WILSON BLVD., STE. 100
 ARLINGTON, VA 22201
 EMAIL: CHERYL@MODULARCOUNCIL.ORG
 PHONE: 703.558.0668
 FAX 703.558.0401

National Modular Housing Council Membership Application

2010 DUES SCHEDULE

Specific financial, production, and ownership information is kept confidential and not reported separately to a third party.

MANUFACTURER MEMBER

- **2010 Manufacturers Division dues are \$22 per modular home produced, payable per month, with a \$1,000 per year minimum. Once your company's application is received, monthly production reports will be requested.**

Our professional staff works closely with member manufacturers on modular issues and conducts research on such important issues as statistics on market growth, sales & use tax, International Residential Code (IRC), transportation, structural design, installation systems, and other technical activities.

BUILDER / DEVELOPER CATEGORY

- **Builder / Developer \$575**

This category is only for those companies that develop or build (or plan to develop or build) with modular homes. NMHC provides a number of benefits to developers, including educational and networking opportunities; technical assistance on planning and zoning; publications on housing development; and access to NMHC staff experts. Additionally, membership in NMHC affords builders and land developers the opportunity to network directly with industry leaders, including home producers, lenders and suppliers.



Return Application & Dues Forms to:
 MHI-NATIONAL MODULAR HOUSING COUNCIL
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2010 Membership Application

PLEASE CHECK THE CATEGORY FOR WHICH YOU ARE APPLYING

Manufacturer **Builder / Developer**

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
WEB SITE: _____
PRESIDENT: _____ CFO: _____

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

The Certified Representative serves as the member company's point of contact for MHI membership, receives all MHI / NMHC communications, votes on behalf of the member company, and may run for office available to that membership category.

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

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

____ 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 MODULAR HOUSING COUNCIL.

SIGNATURE: _____ DATE : _____

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