



## 2010 MHI NATIONAL RETAILERS COUNCIL MEMBERSHIP APPLICATION

**BUSINESS CATEGORY (PLEASE CHOOSE ONE)**

**AMOUNT**

**RETAILER**

\_\_\_\_\_ THIS CATEGORY IS FOR COMPANIES THAT OWN OR  
MANAGE RETAIL SALES CENTERS ENGAGED IN THE SELLING  
AND/OR RE-SELLING OF MANUFACTURED OR MODULAR  
HOMES **\$575**

PLEASE INDICATE:

Number of Retail Locations \_\_\_\_\_

Number of States in which Your Company does Business \_\_\_\_\_

Approximate Number of Homes Sold Annually: \_\_\_\_\_

**NOTE:** A RETAIL SALES CENTER OWNER MEMBER MUST BE A MEMBER OF A STATE ASSOCIATION MEMBER IN ALL STATES WHERE PHYSICAL RETAIL SALES CENTERS ARE OPERATED AND LICENSED BY THE STATE IF LICENSING IS REQUIRED.

**DEVELOPER**

\_\_\_\_\_ THIS CATEGORY IS ONLY FOR THOSE COMPANIES THAT  
DEVELOP (OR PLAN TO DEVELOP) WITH MANUFACTURED  
AND MODULAR HOMES BUT DO NOT OWN OR MANAGE  
LAND-LEASE COMMUNITIES **\$575**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ CFO: \_\_\_\_\_

IS YOUR COMPANY A MEMBER OF YOUR STATE ASSOCIATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

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 communications, votes on behalf of the member company, and may run for office available to that membership category.*

**DUES SCHEDULE FOLLOWS CALENDAR-YEAR AND WILL BE PRO-RATED**

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

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

\_\_\_\_\_ ENCLOSED IS OUR APPLICATION FEE OF \$100 AND OUR FIRST QUARTERLY 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 RETAILERS COUNCIL.**

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_

## SEND COMPLETED APPLICATION FORM AND PAYMENT TO:

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

