



Manufactured Housing Institute Membership Application

2012 DUES SCHEDULE

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

MANUFACTURER MEMBER

- **2012 Manufactured Housing Division dues are \$25 per manufactured 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.**

Internal Revenue Services rules require us to remind you that contributions or gifts to the Manufactured Housing Institute are not tax deductible as charitable contributions for federal income tax purposes. However, dues payments may be tax deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of associations lobbying activities. MHI estimates that the non-deductible portion of your 2012 dues – the portion which is allocable to lobbying - will be 30 percent.



Return Application & Dues Forms to:
Manufactured Housing Institute
2111 WILSON BLVD., STE. 100
ARLINGTON, VA 22201
EMAIL: CHERYL@MFGHOME.ORG
PHONE: 703.558.0668
FAX 703.558.0401

2012 Manufactured Housing Division Membership Application

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 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

____ ENCLOSED IS OUR \$100 APPLICATION FEE

____ PLEASE CHARGE THE \$100 APPLICATION FEE 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 ASSOCIATION.

SIGNATURE: _____ DATE: _____

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