



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 A CHECK FOR OUR \$100 APPLICATION FEE AND DUES PAYMENT

\_\_\_\_ PLEASE CHARGE OUR VISA/MASTERCARD/AMERICAN EXPRESS FOR OUR \$100 APPLICATION FEE AND DUES PAYMENT

CARD NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

DUES AMOUNTS ARE BASED ON A CALENDAR-YEAR BASIS AND WILL BE PRO-RATED THROUGHOUT THE YEAR

**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



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.