



MICHIGAN MANUFACTURED HOUSING ASSOCIATION
2222 Association Drive • Okemos, Michigan 48864-5978
(517) 349-3300 • (800) 422-6478 • FAX (517) 349-3543 • www.michhome.org

Committed to making manufactured housing a naturally considered housing option

APPLICATION FOR MEMBERSHIP

I hereby submit my application for membership in the Michigan Manufactured Housing Association, a division of the Michigan Manufactured Housing, RV and Campground Association. I agree to abide by the Bylaws of the Association, to cooperate with my fellow industry members and to keep Michigan a leader in the manufactured housing industry.

Company Name _____

Owner/Partner Name _____ Title _____

Contact Person (if different than above) _____ Title _____

Street Address (physical location) _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____ Website _____

Mailing Address (If different than street address) _____

City _____ State _____ Zip _____ County _____

Michigan License Number (if applicable) _____

According to the Association Bylaws, Article III Section 3.04 "Each member shall pay such dues and other charges as may be set and approved from time to time by the Executive Board."

All master members will receive a \$10,000 Accidental Death and Dismemberment (AD&D) insurance policy as part of their membership. Eligibility for the AD&D policy is automatic after membership has been approved by the Executive Board and the AD&D enrollment application is completed and returned for processing. (This no-cost benefit was approved by the Executive Board on 7/23/91.)

Enclosed is my check for \$ _____

Please charge \$ _____ to my: Visa / Mastercard / Discover (circle one)

Card Number _____

Security Code _____ Exp. Date _____

Signature _____

I was referred to MMHA by: _____

I understand that by providing my mailing address, email address, telephone number and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Michigan Manufactured Housing, RV and Campground Association solely via regular mail, email, telephone or fax.

Signature

Title

Date

SCHEDULE OF DUES AND MEMBERSHIP INFORMATION

Please indicate (X) category that applies to your business.

_____ **COMMUNITIES** (Developer see Special Services)

Dues in this category are based on total number of licensed sites within each community.

_____ 100 sites or less \$300.00 per year.
(Please indicate number of licensed sites _____)

_____ 101 to 700 sites \$100.00 plus \$2.05 per licensed sites.
(Please indicate number of licensed sites _____)

_____ 701 and above \$150.00 plus \$2.05/site for first 700 licensed sites, then \$1.10/site
for remaining licensed sites.

_____ Community Retailer Communities with over 50 sites who do in-park sales or hold a dealer license.
\$50.00 per year/per per location

_____ **HONORARY** (a non-voting category; persons no longer active in the industry)

\$70.00 per year

_____ **INSTALLER/SERVICER** (set up, install or service manufactured homes)

\$275.00 per year

_____ **LENDER** (a financial institution which provides retail, wholesale or commercial financing to the manufactured housing industry)

\$400.00 per year

_____ **MANUFACTURER** \$100.00 per section shipped into Michigan

_____ **RETAILER** (including manufactured home brokers and retailers in communities)

Agrees to support and comply with the manufacturers' unit funding program (OTM)

_____ \$375.00 per year for the first location

_____ \$175.00 per year for each additional sales location

_____ **SPECIAL SERVICES** (please check which category best describes your operation)

\$400.00 per year

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Appraiser |
| <input type="checkbox"/> Community Management | <input type="checkbox"/> Developer/Architect |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Home Broker |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Recycler |
| <input type="checkbox"/> Real Estate Broker | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Security Service | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Other _____ | |

_____ **SUPPLIER** (provides merchandise, materials or products at either wholesale or retail for use in connection with manufactured homes)

_____ \$300.00 per year for first location

_____ \$175.00 per year for each additional location

REFERRAL AND REFERENCE INFORMATION

Briefly describe your operation, listing products or services and hours of operation. This information will help staff to answer phone inquiries, develop directories and serve to build other forms of communication for the membership.
