



Massachusetts Manufactured Housing Association, Inc.

P.O. Box 73
Halifax, MA 02338
Tel. 508-460-9523
www.MassMHA.org

NEW MEMBER APPLICATION

Owner/Partner Name: Title:

Contact Name (if different from above) Title:

Company Name:

Street Address (Physical location):

City/Town: State: Zip:

Mailing Address: (if different than Street Address)

Telephone: Fax Number:

Email: Company Website:

Check category of membership:

Community Operator -Total number of lots/sites

Base @ \$300 per year for 1st 30 sites \$

Plus \$7/site per year after 1st 30 sites \$

Name of Community Location:

Cooperative -NEW/FIRST YEAR special rate \$350. -Total number of lots/sites

Associate Member \$400 (circle best description of service provider)

- Accounting
Appraiser/Real
Estate Broker
Engineer
Insurance
Installer

- Legal Services
Lender
Waste Management
Credit Bureau
Home Inspections
Other (please specify)

Make check payable to MMHA or Mass. Manufactured Housing Assn. and mail to the above address.

I/we hereby apply for membership to the Board of Directors of MMHA and agree to abide by all present and future by-laws of the Association. I understand that approval of this membership application is subject to the sole discretion of the Board of Directors. Dues payments may be deductible as ordinary business expense.

Help us to continue to be the "voice of the industry"!

Signature: Date:

Referred by: Rev. 10/12

