



# Manufactured Housing Institute of Maryland, Inc.

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## Membership Application

Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### The undersigned applies for membership in MHIM as:

1. **Manufacturer:** HUD \_\_\_\_\_ Mod. \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
2. **Retailer:** HUD \_\_\_\_\_ Mod. \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_
3. **Manufactured Housing Rental Community:** \_\_\_\_\_
4. **Insurance/Finance:** \_\_\_\_\_
5. **Supplier:** Local \_\_\_\_\_ Regional \_\_\_\_\_ State/National \_\_\_\_\_ Distributor \_\_\_\_\_
6. **Developer:** \_\_\_\_\_ Type of Community \_\_\_\_\_
7. **Attorney:** \_\_\_\_\_
8. **Associate:** Installer/Setup \_\_\_\_\_ Service/Repair \_\_\_\_\_ Architect/Engineer \_\_\_\_\_  
Broker/Real Estate \_\_\_\_\_ Transporter \_\_\_\_\_ Other: specify \_\_\_\_\_

### APPLICATION

I/we hereby apply to the Board of Directors of the Manufactured Housing Institute of Maryland, Incorporated under the laws of Maryland as a non-stock membership association, for membership. I am enclosing a check for said dues here-in designated. The undersigned agrees to abide by all present and future by-laws of the Association. **I understand that acceptance of this application and my membership approval is subject to the sole and absolute discretion of the Board of Directors.**

### PLEDGE OF ETHICS

I pledge myself and those under my direction to:

1. Sell, advertise and promote my company, products and/or services without misrepresentation.
2. Contribute constructively to the public image of my business and industry by being fair and ethical in all dealings with the public and industry-Association members.
3. Promote Manufactured Home living and the manufactured housing industry in practice and principle.
4. Actively support my Association and encourage other industry members to do so.
5. Support the principle of equal opportunity for all.
6. To obtain all state or local licenses, required or otherwise, pertaining to the operation and conducting of business related to the industry, and will encourage all other association and industry members to do so.
7. **I have not been determined by a court of competent jurisdiction in violation of the above or to have committed fraud in any transaction involving the manufactured housing industry.**

I have read the pledge of ethics and hereby agree to uphold this pledge.

Authorized  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**DUES ARE PAYABLE WITH THIS APPLICATION**

**MHIM Membership Application ( Page Two)**

License Information: Please list all applicable license held. (local, state, federal with I.D. #)

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**DUES SCHEDULE**

- 1. Manufacturer.....\$100.00 per floor
- 2. Retailer.....\$450.00
- 3. Rental Community.....\$6.00 per space (\$60 min.)
- 4. Insurance/Finance.....\$450.00
- 5. Supplier.....\$450.00
- 6. Developer.....\$450.00
- 7. Attorney.....\$450.00
- 8. Associate.....\$150.00

**RENTAL COMMUNITY INFORMATION**

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Fax # \_\_\_\_\_

Park Location and Mailing Address \_\_\_\_\_

Company Contact Person \_\_\_\_\_ Park Manager \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

Number of Sites: Occupied \_\_\_\_\_ Licensed & Approved \_\_\_\_\_ Approved Additions \_\_\_\_\_

Undeveloped \_\_\_\_\_

Density: (homes per acre) \_\_\_\_\_ Total Acreage \_\_\_\_\_ Excess Acreage \_\_\_\_\_

Year Community was Established \_\_\_\_\_ Year Additional Spaces Developed \_\_\_\_\_

Monthly Lot Rent \_\_\_\_\_ (lowest and highest)

Deposits Required: (be specific) \_\_\_\_\_

Additional Fees (be specific) water, sewer, pets, children, parking, etc. \_\_\_\_\_

Municipal Service Fees: (specify weekly-monthly-yearly) \_\_\_\_\_

Do you retail homes? \_\_\_\_\_ What Manufacturers? \_\_\_\_\_

Is your park: Family \_\_\_\_\_ Age Restricted \_\_\_\_\_ Do you have a home owners association? \_\_\_\_\_

Are you subject to rent control? \_\_\_\_\_ Is vacancy decontrol permitted? \_\_\_\_\_

Sewers: Municipal \_\_\_\_\_ Treatment Plant \_\_\_\_\_ Septic \_\_\_\_\_

Water: Municipal \_\_\_\_\_ Wells \_\_\_\_\_ Other \_\_\_\_\_

Fuel Type: Natural Gas \_\_\_\_\_ Propane \_\_\_\_\_ Oil \_\_\_\_\_ Other \_\_\_\_\_

Tanks: Above Ground \_\_\_\_\_ Below Ground \_\_\_\_\_

**Please provide complete information so we may notify you of any proposed regulation/law that may impact your business. We want to help protect your business.**