



Manufactured Housing Institute of Maryland, Inc.

P.O. Box 78, Pinto, Maryland 21556

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Website: www.mhiofmd.com

Email: mhim@atlanticbbn.net

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. #)

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.