



Membership Application: Community Members

Each community must maintain its own membership. Owners of multiple communities should maintain a membership for each community.

Community Information

Community Name: _____

Community Street Address: _____

City: _____ Zip: _____ County: _____

Community Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Community Phone: _____ Fax: _____

E-mail: _____ Website: _____

Manager's Name: _____ Type of Community: All Age 55+ 62 and over

Number of Spaces: Manufactured/Mobile Homes _____

 Long Term RV (over 180 Days) _____ Short Term RV _____

Community Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please type or print name of the person authorized to exercise MHCA voting privileges: _____

Property Management Firm

Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Information

Please check all that apply

Mail Newsletter, Meeting Notices, Seminar Notices to: Owner Community Property Management Firm

Mail MHCA Dues Statement to: Owner Community Property Management Firm

Community Amenities (Please check all that apply)

- On-Site Manager
- Guest Parking
- Satellite/Cable TV
- Pool
- Gated Entrance
- Planned Activities
- RV/Boat Storage
- Jacuzzi/Hot Tub
- Newsletters
- Recreation Center
- Playground
- Laundry Room
- AAMHO/HOA Chapter
- Pets
- Golf Course/Putting Greens
- Storage Sheds
- City Water
- City Sewer
- Septic
- Well Water

Other (Please list): _____

Utility Information

Do you sub-meter utilities? Yes No

Utilities Paid By (Please Indicate "R" for Resident or "C" for Community):

_____ Water _____ Sewer _____ Electric _____ Cable _____ Garbage _____ Gas

Is your gas service/billing: On a community master-meter Individually billed to resident A combination

Other Information

Do the Community Owners and/or Managers Conduct Home Sales or Re-sales in the Community? Yes No

Is Your Community a Blue Ribbon Community? Yes No (If no, call MHCA for more information)

Are Your Manager(s) Current with the Six Hours of Required Manager Training? Yes No

Does MHCA have permission to fax and/or e-mail notices of seminars and other member information? Yes No

Annual Membership Dues Investment

For the first 750 Manufactured/Mobile Home Spaces: \$ ' ' per space x _____ Spac^• ~~//////////~~ _____

For the remaining Manufactured/Mobile Home Spaces: \$ ' ' per space x _____ Space• ~~//////////~~ _____

For the first 1,500 RV Spaces: \$ ' ' per space x _____ Spaces ~~//////////~~ \$ _____

For the remaining RV Spaces: \$ ' ' per space x _____ Spaces ~~//////////~~ _____

TOTAL AMOUNT ENCLOSED (The minimum amount of Annual Dues is \$150) \$ _____

If paying by Credit Card: MasterCard VISA American Express

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

A••[¸] Dues are not deductible as a contribution, but may be deductible as a business expense. 7% of your dues are used for lobbying purposes. Please consult your accountant.

Thank You for Your Support! Please Mail or Fax to:

Yes

No

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- Community Name and Address
- Number of Spaces
- Community E-mail
- Management Company Name
- Management Company Fax
- Manager's Address
- Manager's E-mail

- Community Phone
- Type of Community
- List of Community Amenities
- Management Company Address
- Management Company E-mail
- Manager's Phone

- Community Fax
- Community Website
- Owner's Name
- Management Co. Phone
- Manager's Name
- Manager's Fax