

2011 MEMBERSHIP APPLICATION



SCMHI

South Carolina
Modular Housing Institute

PURPOSE: To promote and protect the general welfare of the modular home industry.

TO THE BOARD OF DIRECTORS: The undersigned hereby applies for membership to the SC Modular Housing Institute, a division of the Manufactured Housing Institute of South Carolina, incorporated under the Laws of South Carolina as a non-profit and non-assessable association. The undersigned also agrees to abide by all present and future By-Laws of the Institute, rules and regulations so set by the Board of Directors, to attend meetings whenever possible, to cooperate with fellow members, to conduct business so that its membership and the Institute in no way will be discredited. The undersigned is therefore eligible for application to membership upon approval by the MHISC Board of Directors:

- | | |
|---|--|
| <input type="checkbox"/> RESIDENTIAL BUILDER | <input type="checkbox"/> SERVICE / SUPPLIER FIRM
(Lender, Utility, Product Supplier, etc.) |
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> CONTRACTOR / INSTALLER /
TRANSPORTATION COMPANY |
| <input type="checkbox"/> LAND DEVELOPER | <input type="checkbox"/> ASSOCIATE MEMBER |
| <input type="checkbox"/> GENERAL CONTRACTOR | <input type="checkbox"/> ADDITIONAL INFORMATION CATEGORY
<i>Receive information mail-outs for one additional
member category for only \$150/year.</i> |
| <input type="checkbox"/> RETAILER / DEVELOPER | Category: _____ |

In what way is your business related to the modular housing industry? _____

FIRM NAME: _____

KEY CONTACT: _____ TITLE: _____

NAME YOU GO BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

PHONE NO: (_____) _____ FAX NO: (_____) _____

(SOUTH CAROLINA RESIDENTS) STATE SENATOR: _____ STATE REPRESENTATIVE: _____

PLEASE INDICATE OTHER BUSINESS LOCATIONS
(ATTACH ADDITIONAL SHEET IF NECESSARY):

The Key Contact above is authorized to represent our firm to the SC Modular Housing Institute, a division of the Manufactured Housing Institute of South Carolina. We understand that our representative may be changed upon written notice to the Board of Directors.

Who proposed membership to you in the SCMHI? _____

Signature

Date

MEMBERSHIP INVESTMENT

RESIDENTIAL BUILDER / GENERAL CONTRACTOR.....\$295

DEVELOPER / HOME RETAILER:

Management Location.....\$275
Additional Locations.....\$175

MODULAR MANUFACTURERS:.....\$ 125 per floor*

(Billed Monthly) Dues are payable on all floors shipped into the state of South Carolina and may not be withheld for any reason.

* *Maximum dues per home capped at three floors.*

LAND DEVELOPER:.....\$300

SERVICE AND SUPPLIER FIRMS:.....\$295

Service / Supply and Associate members: add additional locations to receive magazines and important mail-outs for only \$125 per additional location. Attach name, address, phone and fax.

CONTRACTOR / INSTALLER / TRANSPORTATION:\$295

ASSOCIATE MEMBER:\$225

Additional Category - please add \$150 / year per category and list on front. Check here:

PLEASE BILL MY: VISA MASTERCARD CHARGE AMOUNT: _____

CARD NUMBER: _____ EXPIRATION DATE: ____ / ____

SIGNATURE: _____

**MAIL APPLICATION ALONG WITH YOUR CHECK TO:
SCMHI • P. O. Box 1781 • Columbia, South Carolina 29202**

**FOR MORE INFORMATION CONTACT info@scmodularhome.com
or CALL (803) 771-7823 / FAX 803-771-7023**