



2020 MEMBERSHIP APPLICATION

Manufactured Housing Institute of South Carolina

COMPANY NAME: _____

KEY CONTACT: _____ TITLE: _____

NAME: _____ NAME YOU GO BY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____

PHONE: (_____) _____ FAX: (_____) _____

CELL: (_____) _____ OTHER: (_____) _____

WEBSITE: _____

ADDITIONAL CONTACTS:

(Employees you would like listed in our database and membership directory, attach additional sheet if necessary.)

NAME: _____ NAME YOU GO BY: _____

TITLE: _____ EMAIL: _____

NAME: _____ NAME YOU GO BY: _____

TITLE: _____ EMAIL: _____

NAME: _____ NAME YOU GO BY: _____

TITLE: _____ EMAIL: _____

(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 Manufactured Housing Institute of South Carolina. We understand that our representative may be changed upon written notice to the Board of Directors.

PURPOSE: To promote and protect the general welfare of the manufactured housing industry which includes modular and manufactured homes.

TO THE BOARD OF DIRECTORS: The undersigned hereby applies for membership to 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.

Who proposed membership to you in MHISC? _____

Signature _____

Date _____

MEMBERSHIP FEES

RETAILER: **Management Lot \$275** **Branch Lot \$175**

MANUFACTURER: Billed Monthly: dues are payable on all floors shipped into SC and may not be withheld for any reason. **\$125 per floor** maximum dues per home capped at three floors.

COMMUNITY: **Up to 50 spaces \$160** **50-100 spaces \$210**
Number of Spaces _____ **101-200 spaces \$275** **Over 200 spaces \$295**

ASSOCIATE: \$250

SERVICE / SUPPLIER FIRM: \$295 (choose one of the following)

Attorney Contractor, Repairer, Installer Insurance Lender Supplier Transportation

Other: _____

Check Enclosed #: _____ **PLEASE BILL MY:** VISA MasterCard AMEX Discover

CARD NUMBER: _____ **EXPIRATION DATE:** ____/____

CCV CODE: _____ **BILLING ZIP CODE:** _____

SIGNATURE: _____

**MAIL APPLICATION ALONG WITH YOUR PAYMENT TO:
MHISC • 1801 Gadsden Street • Columbia, South Carolina 29201**

**FOR MORE INFORMATION CONTACT awestmoreland@mhisc.com
or CALL: (803) 771-9046 FAX: (803) 771-7823**