



# 2011 MEMBERSHIP APPLICATION

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:

\_\_\_\_\_ **RETAILER**

\_\_\_\_\_ **SERVICE / SUPPLIER FIRM**  
(Lender, Utility, Product Supplier, etc.)

\_\_\_\_\_ **MANUFACTURER**

\_\_\_\_\_ **INSTALLER / CONTRACTOR/  
TRANSPORTATION COMPANY**

\_\_\_\_\_ **COMMUNITY (PARK) OWNER**  
Number of Spaces \_\_\_\_\_

\_\_\_\_\_ **ASSOCIATE MEMBER**

\_\_\_\_\_ **RESIDENTIAL BUILDER /  
GENERAL CONTRACTOR**

\_\_\_\_\_ **ADDITIONAL INFORMATION CATEGORY**  
*Receive information mail-outs for one additional member category for only \$150/year.*

Category: \_\_\_\_\_

In what way is your business related to the manufactured housing industry? \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

KEY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME YOU GO BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NO: (\_\_\_\_\_) \_\_\_\_\_ FAX NO: (\_\_\_\_\_) \_\_\_\_\_

COMMUNITY NAME (If Different): \_\_\_\_\_

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

Who proposed membership to you in MHISC? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

