



Manufactured Housing Communities of Virginia Membership Application

8100 Three Chopt Road, Suite 226, Henrico VA 23229
Phone: (804) 673-5684

www.mhcofvirginia.com

PLEASE TYPE OR PRINT LEGIBLY AND PROVIDE AS MUCH INFORMATION AS POSSIBLE

Date: _____

COMPANY INFORMATION

Company Name: _____ Contact: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Company Mailing Address (if different than above): _____

City: _____ Zip: _____ County: _____

Company Phone: _____ Fax: _____

E-mail: _____ Website: _____

PROPERTY MANAGEMENT FIRM

Name: _____ Contact: _____

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

Phone: _____ Fax: _____ Email: _____

CONTACT INFORMATION

Please check all that apply

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

Email MHC of VA Dues Statement to: Owner Community Property Management Firm

MHC OF VA MEMBERSHIP DIRECTORY

Please check appropriate box if you would like your community or company information to be listed in the Member Directory.

Community

Company

Property Management Firm

ANNUAL MEMBERSHIP DUES

Communities	\$5 per site (\$250 minimum)	\$ _____
Associate (Industry Supporter)	\$250.00	\$ _____

MHC of VA is a 501(c) 6 organization. Dues are not deductible as a charitable contribution, but a percentage may be deductible as a business expense. 7% of dues are allocated to lobbying activities on behalf of the association.

Please return with payment to:
Manufactured Housing Communities of Virginia, 8100 Three Chopt Road, Suite 226, Suite, VA 23229
Phone: (804) 673-5684 | tcraddock@managegroup.com

Community members should complete the information on the reverse side of this form.

COMMUNITY INFORMATION (1)

Name: _____ Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____ Sites: _____ Mfg/Mobile Homes: _____ All Ages Age-restricted
Person authorized to exercise MHC of VA voting privileges: _____
Email: _____ Phone: _____

COMMUNITY INFORMATION (2)

Name: _____ Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____ Sites: _____ Mfg/Mobile Homes: _____ All Ages Age-restricted
Person authorized to exercise MHC of VA voting privileges: _____
Email: _____ Phone: _____

COMMUNITY INFORMATION (3)

Name: _____ Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____ Sites: _____ Mfg/Mobile Homes: _____ All Ages Age-restricted
Person authorized to exercise MHC of VA voting privileges: _____
Email: _____ Phone: _____

COMMUNITY INFORMATION (4)

Name: _____ Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____ Sites: _____ Mfg/Mobile Homes: _____ All Ages Age-restricted
Person authorized to exercise MHC of VA voting privileges: _____
Email: _____ Phone: _____

COMMUNITY INFORMATION (5)

Name: _____ Manager: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Website: _____ Sites: _____ Mfg/Mobile Homes: _____ All Ages Age-restricted
Person authorized to exercise MHC of VA voting privileges: _____
Email: _____ Phone: _____

Please attach additional sheet(s) as necessary with same information as above for any additional communities.

Thank you for your support!