



Want to join TMHA? Fill out this form!



# TMHA MEMBERSHIP APPLICATION

All fields required unless otherwise noted

Name (Contact person for this particular membership/business/location): \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address (include City, State, Zip): \_\_\_\_\_

*\*\*Address where you would like all TMHA mail correspondence sent, such as membership renewal notices and our quarterly TMHA TODAY newsletter.\*\**

Location (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\*\*TMHA shares important information via e-mail as it is our primary method of communication. Please give us an accurate e-mail address so you receive weekly updates and important industry news on a regular basis as a benefit of your TMHA membership.\*\**

Web site address: \_\_\_\_\_

TMHA Sponsoring Member (if applicable): \_\_\_\_\_

Describe your service or product in detail: \_\_\_\_\_

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## If applicable, answer the following questions:

Communities:  
Please tell us how many spaces you have: \_\_\_\_\_

TDHCA license number: \_\_\_\_\_  
*Manufacturer, retailer, installer, broker, salesperson*

If your firm is a manufacturer or retailer of manufactured housing, are all of your other retail or manufacturing locations in Texas, which are under common ownership, members of TMHA?

Yes       No

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## TMHA Code of Ethics

As members of Texas Manufactured Housing Association, we subscribe to the principles set forth in the TMHA Code of Ethics and pledge to comply with the specific standards of conduct established by the Code. We pledge to be ever mindful of our moral responsibility to provide our customers with a product that represents value equal to payment received.

fulfilled within a reasonable period of time. In the conduct of our individual businesses, we pledge to refrain from any act that would bring discredit to our industry or association, or any individual member thereof. In our advertising and promotion endeavors we pledge to emphasize the positive aspects and actual benefits of manufactured housing and to refrain from any such endeavors that might deceive or mislead the public or include false claims.

We further pledge that all obligations to our customers contained in guaranties or warranties offered in connection with the manufacture, sale and installation of our homes will be properly

We assume these responsibilities with the understanding that to do so is part of our obligation as TMHA members.

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*Applicant certifies that the information submitted on this membership application form is accurate and complete. Applicant also certifies that business conduct will be in accordance with the TMHA Code of Ethics and in accordance with all applicable laws, rules and regulations as promulgated by state and federal agencies. Applicant agrees to abide by the by-laws of the association, to attend meetings whenever possible, and to cooperate with other members in helping to improve the image of the manufactured housing industry and to minimize and resolve consumer complaints.*

**PLEASE CHECK ONE:**

- Retailer\* \$75 Sales center location
- Broker \$125 Each location
- Subdivision/Developer \$125 Each location
- Community\*\* \$50 100+ spaces or lots
- Community\*\* \$25 <100 spaces or lots
- Community (Secondary Location)\*\* \$50 100+ spaces or lots
- Community (Secondary Location)\*\* \$25 <100 spaces or lots
- Installers \$100 Each location
- Supplier Goods/Services \$175 Each Location
- Finance/Insurance/Title Co. \$175 Each Location
- Salesperson \$35 Non-voting membership

\*Retailers: \$5 per home titled annual TMHA PAC investment billed monthly  
 \*\*Communities: \$2 per space annual TMHA PAC investment billed annually  
 Also, please be sure to note your community's number of spaces on the previous page.

**Above rates are pro-rated**

Newly enacted annual billing/renewal date: June 1, 2010

**PAYMENT**

We accept: Check | Credit Card | Money orders

**PAYMENT MUST BE INCLUDED**

Pay with a credit card:

Credit Card (please circle one):      Visa      Mastercard

Card #: \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_

*(If different from previous address)*

Billing Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not paying by credit card, please send this form with payment to the address listed below.

We accept corporate checks.

Make checks payable to TMHA.

**MEMBERSHIPS NOT FINAL UNTIL APPROVED BY THE TMHA BOARD OF DIRECTORS**

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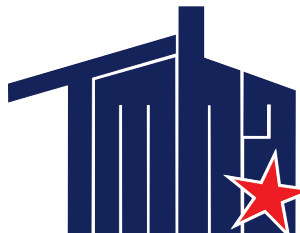
Payment enclosed (circle one):    Check    Credit Card information    Money Order

I, (full name) \_\_\_\_\_, of (company, community, etc.) \_\_\_\_\_, certify that all the above information is complete and accurate to the best of my knowledge and agree to abide by the TMHA Code of Ethics to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL TMHA MEMBERSHIPS EXPIRE MAY 31, 2010**



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