



MEMBERSHIP APPLICATION

(all fields required unless otherwise noted)

COMPANY _____

COMPANY LOCATION ADDRESS _____

MAILING ADDRESS (if different) _____

(Address where you would like all TMHA mail correspondence sent including your membership renewal notice.)

PHONE _____ CONTACT PERSON _____

E-MAIL _____

(You must have an email in order to create a login to the members only area.)

TMHA SPONSORING MEMBER (if applicable) _____

DESCRIBE YOUR SERVICE OR PRODUCT IN DETAIL _____

TMHA MEMBER RATES

—CHECK ALL THAT APPLY—

- First Location Retailer** \$266
 - TDHCA License Number: _____
- First Location Community** \$266
 - TDHCA Retailer Number _____ ▪ Number of Spaces in Community: _____
- Combined Retailer and Community** \$383
 - TDHCA License Number: _____ ▪ Number of Spaces in Community: _____
- Installers** \$266
- Broker** \$266
- Developer** \$266
- Supplier Goods / Services** \$413
- Finance / Insurance / Title Company** \$413
- Authorized Non-Profits** \$266

ADDITIONAL MEMBER LOCATIONS OF ALL CATEGORIES

For additional locations please attach a list of locations including company name, location address, contact person, email, along with number of spaces or TDHCA license number for each location.

_____ x \$178 = _____ TOTAL
of Additional Locations

MEMBERSHIP ADD-ONS

- Two-party Direct Loan and Security Agreement \$50
- Spanish Community Forms \$50
- TMHA Political Action Committee Donation **Donation Amount:** _____ *\$60 Recommended*

TOTAL AMOUNT DUE: \$ _____

PAYMENT INFORMATION

PAY BY CHECKING OR SAVINGS ACCOUNT

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

PAY BY CREDIT CARD

CARD # _____

EXP. DATE _____

NAME OF CARDHOLDER _____

BILLING ADDRESS _____

PAYMENT ENCLOSED: CHECKING ACCOUNT CREDIT CARD CHECK MONEY ORDER
— MAKE CHECKS PAYABLE TO TMHA —

PERSONAL ACCOUNT CORPORATE ACCOUNT

The total membership amount will be charged on the 1st of June each year to auto renew your membership unless you require a mailed invoice.

I require a mailed invoice and do not authorize a recurring payment.

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 and Membership Policies to the best of my ability.

SIGNATURE _____ DATE _____

TMHA CODE OF ETHICS AND MEMBERSHIP POLICIES

As members of Texas Manufactured Housing Association, we subscribe to the principles set forth in the TMHA Code of Ethics and Membership Policies 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. We further pledge that all obligations to our customers contained in guaranties or warranties ordered in connection with the manufacture, sale and installation of our homes will be properly 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 assume these responsibilities with the understanding that to do so is part of our obligation as TMHA members.

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.

Applicant certifies this payment authorization is valid and to remain in effect unless I notify TMHA of its cancellation by sending written notice to 4520 Spicewood Springs Rd. Ste. 100 Austin, Texas 78759.

PLEASE EMAIL THIS APPLICATION TO INFO@TEXASMHA.COM OR MAIL TO THE ADDRESS BELOW:



4520 Spicewood Springs Rd. Ste. 100, Austin, Texas 78759 | p 512-459-1221 | f 512-459-1511 | www.texasmha.com