

# Indiana Manufactured Housing Association Recreation Vehicle Indiana Council, Inc.

## APPLICATION FOR MEMBERSHIP

(Revised 4/1/2010)

### TO THE BOARD OF GOVERNORS:

Our firm hereby applies for membership in the Indiana Manufactured Housing Association – Recreation Vehicle Indiana Council, Inc. We will abide by all present and future bylaws of the Association, rules and regulations set by the Board of Directors, and pay the dues established for our classification.

|  |  |  |   |          |   |          |                 |          |
|--|--|--|---|----------|---|----------|-----------------|----------|
| <p><b>MH COMMUNITY</b><br/><i>(One location per application)</i><br/>Number of sites: _____<br/> <input type="checkbox"/> \$120 - 40 sites or less<br/> <input type="checkbox"/> \$235 - 41 to 75 sites<br/> <input type="checkbox"/> \$315 - 76 to 150 sites<br/> <input type="checkbox"/> \$470 - 151 or more sites</p> <p><b>MH COMMUNITY RETAILER</b><br/><i>(One location per application)</i><br/>Number of sites: _____<br/> <input type="checkbox"/> \$470 - Combination</p> <p><b>MH RETAILER</b><br/> <input type="checkbox"/> \$375</p> <p><b>MH MANUFACTURER</b><br/> <input type="checkbox"/> \$75 per HUD code floor shipped to Indiana<br/> <input type="checkbox"/> \$150 per modular home shipped to Indiana<br/> <input type="checkbox"/> \$400 annual minimum</p> | <p><b>RV MANUFACTURER</b><br/>Annual sales of RV products<br/> <input type="checkbox"/> \$470 - Under \$3,000,000<br/> <input type="checkbox"/> \$745 - \$3,000,000 - \$10,000,000<br/> <input type="checkbox"/> \$1,135 - \$10,000,000 - \$20,000,000<br/> <input type="checkbox"/> \$1,555 - \$20,000,000 - \$50,000,000<br/> <input type="checkbox"/> \$2,285 - Over \$50,000,000</p> <p><b>RV RETAILER</b><br/> <input type="checkbox"/> \$375</p> <p><b>CAMPGROUND</b> - Includes Annual ARVC dues<br/><i>(One location per application)</i><br/>Number of sites: _____<br/> <input type="checkbox"/> \$295 - 25 sites or less<br/> <input type="checkbox"/> \$295 + \$1 per site - 26 sites or more<br/>                 (Maximum dues of \$700)</p> | <p><b>FINANCE OR INSURANCE FIRM</b><br/> <input type="checkbox"/> MH    <input type="checkbox"/> RV<br/> <input type="checkbox"/> \$340</p> <p><b>SUPPLIER FIRM</b><br/> <input type="checkbox"/> MH    <input type="checkbox"/> RV<br/> <input type="checkbox"/> \$470</p> <p><b>SERVICE FIRM</b><br/> <input type="checkbox"/> MH    <input type="checkbox"/> RV<br/> <input type="checkbox"/> \$200 - 1 to 3 employees<br/> <input type="checkbox"/> \$315 - 4 or more employees</p> <p><b>ADDITIONAL CONTACTS</b><br/><i>(Corporate Headquarters / Property Owners)</i><br/> <input type="checkbox"/> \$25 each for contact. Must be a mailing address or headquarters for a current IMHA-RVIC member company.</p> |   |          |   |          |                 |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">IMHA – RVIC DUES (from appropriate box above)</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td>IMHA – RVIC PAC FUND (voluntary contribution)</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td>YOUR TOTAL DUES</td> <td style="text-align: right;">\$ _____</td> </tr> </table>  |  |  | IMHA – RVIC DUES (from appropriate box above) | \$ _____ | IMHA – RVIC PAC FUND (voluntary contribution) | \$ 50.00 | YOUR TOTAL DUES | \$ _____ |
| IMHA – RVIC DUES (from appropriate box above)  | \$ _____   |  |   |          |   |          |                 |          |
| IMHA – RVIC PAC FUND (voluntary contribution)  | \$ 50.00   |  |   |          |   |          |                 |          |
| YOUR TOTAL DUES  | \$ _____   |  |   |          |   |          |                 |          |

### PLEASE TYPE OR PRINT:

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Toll Free # \_\_\_\_\_

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

Website \_\_\_\_\_ Owner \_\_\_\_\_

Contact Person \_\_\_\_\_ Direct E-mail \_\_\_\_\_

Company Email \_\_\_\_\_ # Employees \_\_\_\_\_ License # \_\_\_\_\_

Please list products and/or services \_\_\_\_\_

Applicants Signature/Title \_\_\_\_\_ Date \_\_\_\_\_ Application Recommended by \_\_\_\_\_