



**Iowa Manufactured
Housing Association**

**Application
For
Membership**

Total Community Sites: _____ Total Business Locations: _____

Company: _____

Contact & Title: _____

Business Address: _____

City, State, Zip: _____ County: _____

Phone: _____ FAX: _____

Email: _____ Website: _____

Owners Name (if different from above): _____

Billing Address (if different from above): _____

Owner's Phone: _____ FAX: _____

Annual Dues Structure

- ___ Manufacturer \$150.00 per home shipped into the state of Iowa
- ___ Retailer \$350.00, plus \$100 each additional location /per year
- ___ Community \$6.00 per occupied site(\$100.00 minimum) /per year
- ___ Service/Repair \$125.00/per year
- ___ Insurance/Finance \$250.00/per year
- ___ Supplier/Transporter \$200.00/per year
- ___ Associate \$150.00/per year

To become a member, all properties and businesses in the state of Iowa must be signed up for membership.

Signature: _____ Date: _____