



MEMBERSHIP APPLICATION

Date: _____

Membership Classification (Circle One):

Retailer Manufacturer Supplier Service Company Community City & County Gov.

Company Name: _____

D/B/A(if applicable): _____

Corporation LLC Partnership Sole Proprietorship

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Primary Contact:

Name: _____ Title: _____

Phone: _____ Email Address: _____

Secondary Contact:

Name: _____ Title: _____

Phone: _____ Email Address: _____

PLEASE ANSWER THE FOLLOWING:

Positive responses to any of the questions below will not necessarily result in the denial of this application. However, the withholding information considered pertinent may result in the rejection of the application or in the subsequent suspension or revocation of membership. Attach a brief explanation on a separate sheet to any question(s) responding "yes", including dates, locations and company names along with any pertinent documents.

Have any of the principals/owners of the applying company or the applying company ever been refused a license to conduct in the factory-built housing industry or had a license suspended or revoked? Yes No

Have any of the principals/owners of the applying company ever been employed by a company or has the applying company's wholesale floor plan or retail financing ever been suspended or revoked? Yes No

Have any of the principals/owners of the organization ever been convicted of a felony?

Have any of the principals/owners of the applying company or the applying company ever filed for voluntary/involuntary bankruptcy or insolvency? Yes No

A principal/owner or authorized designee of thr applying company must sign this application

Print Name: _____ Title: _____

Signature: _____ Date: _____