



MEMBERSHIP APPLICATION

Date_____

Membership Classification (Please see Membership Classifications prior to completion):

Retailer Retail Broker Manufacturer Supplier Service Company Land/Lease Community Developer

Company_____

D/B/A (if applicable)_____

Website Address_____

Corporation LLC Partnership Sole Proprietorship

If incorporated, year of incorporation_____ State of incorporation_____

If not incorporated, date company established_____ Is parent and/or applying company publicly traded? Yes No

If not publicly traded, list primary principals/owners and position of each:

Name_____ Position_____ Active Inactive

Name_____ Position_____ Active Inactive

Name_____ Position_____ Active Inactive

Name of parent company (if applicable)_____

Primary Contact Mr. Ms. Mrs. Name:_____ Title:_____

Mailing Address:_____

Shipping Address (if different):_____

City:_____ County:_____ State:_____ Zip:_____

Email Address:_____

Phone:_____ Ext. _____ Fax:_____

Alternate Contact Mr. Ms. Mrs. Name:_____ Title:_____

Mailing Address:_____

Shipping Address (if different):_____

City:_____ County:_____ State:_____ Zip:_____

Email Address:_____

Phone:_____ Ext. _____ Fax:_____

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

In making this Application, the below certifies that all of the information contained herein is true to the best of their knowledge and understand that this Application may be refused or the membership suspended or revoked if any information on this Application is found to be fraudulent.

It is understood that this Application will be presented to the GMHA Board of Directors at their next regularly scheduled meeting in accordance with the Association's Membership Ethics Review Committee Policies and Procedures.

If this Application is approved, the applying company agrees to comply with the Georgia Manufactured Housing Association's Code of Ethics.

A principal/owner or an authorized designee of the applying company must sign this Application.

Print Name_____ Title_____

Signature_____ Date_____