## "WMA - Advancing and Protecting the Manufactured Housing Industry"

## Western Manufactured Housing Communities Association (WMA) Application for Community Membership

Community Membership:
501c3 Community:
<b>Resident Owned Community</b>

Total No. of Spaces @ \$10.35 per space.

Amount of check enclosed

Minimum Annual Dues - \$310.50 (30 spaces or less) for Community

Member; \$800.00 for 501c3 or Resident Owned Communities Voluntary PAC Contribution (Optional) @ \$4.00 per space

## **Community Membership Categories**

Consists of mobilehome/manufactured housing communities, including communities that rent spaces to recreational vehicles.

Consists of mobilehome/manufactured housing communities that are a nonprofit corporation. Consists of mobilehome/manufactured housing communities that are resident owned.

COMMUNITY INFORMATION	(Please complete a se	eparate application for ea	ach community)		
COMMUNITY		NO. OF SPACE	NO. OF SPACES		
COMMUNITY ADDRESS		COUNTY	COUNTY		
MAILING ADDRESS		ON-SITE MANA	ON-SITE MANAGER'S SPACE #		
CITY			STATE	ZIP	
TELEPHONE	F	AX	EMAIL		
DOES THIS COMMUNITY RECEIVE MAIL D Do you have operational fire hydrants? Do you have long-term leases? Do you permit subleasing?  OWNER INFORMATION	? ☐ Yes ☐ No ☐ Yes ☐ No	NO IF YES, INCLUDE What are the age rules  All Age 55 62	Po you provide mas Electric: □ Yes Propane: □ Yes Utility District: □ PG8	LIST? YES NO  ter-meter utility services?  NO Gas: Yes  NO Water: Yes  E SoCal Gas SoCal Edison	☐ SDG&E
FIRM					
Contact Mailing address					
CITY					
TELEPHONE					
MANAGING AGENT (if applicable)					
FIRM			CONTACT		
MAILING ADDRESS					
CITY			STATE	ZIP	
TELEPHONE	F	AX	EMAIL		
MEMRERSHIP INVESTMENT	г		□ Visa □ MasterCard □ A	merican Express D Check Enclosed	

Community Members maintaining a controlling interest in more than one community must secure a separate membership for each community under his or her control. In the case of limited partnership or ownership syndications, the General Partners shall be considered to have a controlling interest for purposes of this section - WMA Bylaws, Article V, Section 2.

CREDIT CARD NUMBER

**BILLING ADDRESS** 

CARD HOLDER'S NAME

I certify that this application complies with the aforementioned bylaws requirement. Should ownership in any additional community not listed on this application be acquired, the association shall be notified and the appropriate application submitted.

Applicant understands that dues are nonrefundable and agrees to uphold WMA Code of Ethics and to maintain membership in good standing.

<b>AUTHORIZED SIGNATURE</b>	DATE	<u> </u>