



# RETAIL & ASSOCIATE APPLICATION

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing attention to: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address (If different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

\*Please note most information is communicated via e-mail\*

\_\_\_\_ Retailer: \_\_\_\_\_ **Manufactured homes** ----- Number of sales last year: \_\_\_\_\_  
 \_\_\_\_\_ **Modular homes** ----- Number of sales last year: \_\_\_\_\_

Annual Sales <i>Manufactured &amp; Modular Homes</i>	Cost
1-25 Units	\$320
26-50 Units	\$443
51-70 Units	\$716
70+ Units	\$716 plus \$205 per location

\_\_\_\_ Associate: Type of Associate (check one):

Type of Associate	Category	Cost
Service Firms	<input type="checkbox"/> Supplier	\$583
	<input type="checkbox"/> Wholesaler/distributor	\$583
	<input type="checkbox"/> Legal Firms	\$583
	<input type="checkbox"/> Realtor & Broker	\$366
	<input type="checkbox"/> Appraisal	\$320
	<input type="checkbox"/> Installer/Inspector	\$320
	<input type="checkbox"/> Parts, Accessories, Service	\$320
Lending Institutions	<input type="checkbox"/> Local-Single Branch	\$320
	<input type="checkbox"/> National-Multi State	\$608
Insurance Company	<input type="checkbox"/> Local-Single Branch	\$320
	<input type="checkbox"/> National-Multi State	\$608

**NOTE: OMHA membership dues are based on the calendar year, January through December and will be prorated after March 1. Make checks payable to Ohio Manufactured Homes Association (OMHA).**

*\*To be a qualified OMHA member, all relative businesses must be disclosed per OMHA Board of Directors' policy. (For example, if you own three communities, all three communities must be OMHA members. Or, if you have a retail center and a community, both businesses must be OMHA members). Occasionally, when OMHA sees an opportunity to arrange for certain membership benefits to be offered to our members from non-OMHA-affiliated companies, OMHA reserves the right to forward member information to these companies.*

Applicant's Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_