

# Membership

ExecDirector@MassMHA.org

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PO Box 73  
Halifax MA 02338-0073

# Application

☀ Associate Member

☀ Community Owner/Operator

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Community Information:

Community Name (s)	Address	#Sites
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_____	_____	_____
_____	_____	_____
_____	_____	_____

## Member Dues:

Associate Member (supplier, finance, insurer) \$500      \$ \_\_\_\_\_

Community Owner/Operator Base \$300 for 1st 30 sites      \$ \_\_\_\_\_

Plus \$8 per site after 30      \$ \_\_\_\_\_

Manufacturer (use shipping reports) @ \$100/shipment      \$ \_\_\_\_\_

Plus Membership of \$500      \$ \_\_\_\_\_

Amount Enclosed      \$ \_\_\_\_\_

I hereby apply for membership to the Board of Directors of MMHA and agree to abide by all present and future by-laws of the Association. I understand that approval of this membership application is subject to the sole descretion of the BOD. Note that contributions or gifts to MMHA are not deductible as charitable contributions. However, dues payment may be deductible as ordinary business expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

*Please mail application with a check to the above address.*