

Membership

ExecDirector@MassMHA.org
508.460.9523



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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member Dues:

Associate Member (supplier, finance, insurer) \$700 \$ _____

Community Owner/Operator Base \$500 1st 20 sites \$ _____

Plus \$8 per additional site \$ _____

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

Plus Membership of \$700 \$ _____

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 discretion 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.