

# Membership Dues Schedule

Please review the dues schedule below to determine the annual dues for your firm. Applicants who have businesses engaged in more than one segment of the industry are required by FMHA’s By-laws to pay for the highest dues category.

The dues structure for the Filled Communities, Developers and Resident Owned Communities Divisions are based upon an assessment of occupied spaces if the community is larger than the minimum number of spaces listed below. To be a member of FMHA, every community with common ownership must be a separate and distinct member of FMHA. The dues for each membership division are as follows:

**Filled Communities (90% or more occupied spaces):**

Minimum Fee (50 or less occupied)	\$100
51+ occupied spaces	\$5/space

**Developers (less than 90% occupied spaces):**

Minimum Fee (50 or less spaces)	\$100.00
51-199 occupied spaces	\$3.50/space
200+ occupied spaces	\$5/space

**Resident Owned Communities:**

Minimum Fee (200 or less spaces)	\$350
201+ occupied spaces	\$1.25/space

**Subdivision, Condos & Co-ops:**

Set Fee (regardless of number of spaces)	\$350
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**Finance Firms**

\$500
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**Insurance Firms**

Insurance Company	\$500
Insurance Agency	\$300

**Manufacturers:**

\$110 per floor shipped to a Florida retailer (both HUD and FBC homes). Dues are payable by the 8<sup>th</sup> of the month. (Example: January dues are payable by February 8<sup>th</sup>.)

**Retailers:**

New Retailer Member – First Year	\$100
Annual Renewal	\$200

**Attorney:**

Sole Practitioner Firm	\$ 500
Multi-Attorney Firm	\$1,000

**Service Firms (includes firms who offer a service to the industry rather than a tangible product):**

State or National	\$500
Local	\$300

**Suppliers:**

State or National	\$500
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**Community Vendor** \$100

FMHA has created a new membership category under **Community Vendors**. A Local Community Vendor provides services or supplies to manufactured housing communities in an area where the business is located; you do not provide your service or supplies statewide or nationally. An example would be a landscaping/lawn care service, cleaning service, air-conditioning repair service, etc. If the business provides services and supplies outside of your local area, they would fall under the **Service Firm** or **Supplier** divisions listed above.



**Florida Manufactured Housing Association, Inc.**



Please return completed application with appropriate dues amount to: FMHA, 1284 Timberlane Rd., Tallahassee, FL 32312 or F: (850) 907-9119

Name of Firm \_\_\_\_\_

Contact \_\_\_\_\_ Broker/Dealer License # \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

PH: \_\_\_\_\_ F: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Membership Category:  Filled Community  Developer  Subdivision  Resident Owned Community

55+  All Age Do you have:  Private Water  Public Water  Swimming Pool

Total number of spaces \_\_\_\_\_ Total number of OCCUPIED spaces \_\_\_\_\_

Finance Firm  Insurance Firm  Manufacturer  Retailer  Service Firm  Supplier  
 Insurance Company  State/National  
 Insurance Agency  Local

Attorney Choose one:  Sole Practitioner  Multi-Attorney Firm

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Enclosed is my dues check for \$ \_\_\_\_\_ made payable to FMHA.

American Express  MasterCard  Visa  Discover

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Sec Code \_\_\_\_\_

I agree that, if accepted for membership in FMHA, I shall pay fees and dues as established by the FMHA Board of Directors.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Referred by (Current FMHA Member) \_\_\_\_\_