



Modular Housing Association Prairie Provinces
 P.O. Box 3538 Station Main
 Sherwood Park, AB T8H 2T4
 Website: www.mhaprairies.ca

Phone: (780) 429-1798
 Toll Free: (866) 866-8106
 Fax: (780) 413-0076
 Email: info@mhaprairies.ca

MANUFACTURER MEMBERSHIP APPLICATION

Date of Application:

Company Name:

Mailing Address:

City: Postal Code:

Telephone: Fax:

E-mail: Website:

Company Principal: Title:

Contact Person:

Other Location Address: 1.

2.

Number of years involved in industry:

1. Do you provide a minimum 1 year manufacturers warranty?
2. Are you certified to produce A277 Modular or Z240 Standards?
3. Do you have CSA A277 and/or Alberta Label Code classification?
4. Do you have 3rd. party warranty on your homes? If so, please name of warranty company.
5. Do you agree to encourage all your Retailers in AB, SK and MB join the Association?
6. What is the size of your enclosed facility? sq. ft.
7. What is your estimated production for this membership year?

ALL MANUFACTURER MEMBERS MUST AGREE TO THE HOUSING ASSESSMENT FEE PER CERTIFICATION LABEL APPLIED. ALL MANUFACTURERS SHALL BE MANUFACTURING, MODULAR AND / OR MANUFACTURED HOMES.

PUBLICATION

In submitting this application, you affirm that the company information is accurate, and you consent to its use for such purposes as promotion of membership, government liaising, public education, new products and services, intent information and networking at all levels, Local, Provincial and National.

I, _____, agree to the foregoing.
 Signature of the Applicant

COMPANY HISTORY

Brief description of company in 50 words or less (which may from time to time be used in Association publications):

Association Reference (if applicable):

Company: Contact Name:
 Phone: Email:

The original acknowledges that approval of membership in subject to the following:



FEES:

The current year's membership fee is \$525.00, (GST included). Payment is to accompany this application. Membership is based on the calendar year.

GST Registration Number:

A membership applies to one location only. Other locations require individual memberships.

The Board of Directors of the Association has the right to refuse this application or request additional information. Should this application be refused, the membership fees shall be returned to the applicant without interest applied.

PAYMENT INFORMATION					
✓	Payment Type	Credit Card/Cheque Number	Cardholder Name	Expiry Date (MMYY)	CSV #
	 				
	Cheque		Cheque payable to Modular Housing Association Prairie Provinces		
Mail: MHAPP, P.O. Box 3538 Station Main Sherwood Park, AB T8H 2T4			Fax: (780) 413-0076 Email: info@mhaprairies.ca		

GST Registration # R 10766 2504 RT0001

Thank You for Your Continued Support to the Association!

MEMBERSHIP DEFINITION

9. Manufacturer:

- Shall be licensed and bonded
- Shall have an enclosed production facility with a minimum square footage of 10,000 sq .ft.
- Shall be manufacturing modular and/or manufactured homes
- Shall carry minimum of 1 year warranty on homes
- Shall have third party warranty that complies with CMHC financing requirements
- Shall have CSA A277, the Alberta Label Code Certification and/or meet the current Provincial Building Code requirements
- Shall submit housing assessment fees as set by the Board of Directors from time to time
- Retail Sales and Service Centres shall be encouraged to become members of the Association
- Shall abide by the Bylaws, Code of Ethics, and Rules and Regulations of the Association
- Shall be encouraged to participate in Association programs and surveys as required
- I agree to remit housing assessment fees as set by the Board of Directors from time to time on a monthly basis and from my own resources for all non-member manufacturers' per certification labeled product sold.
- I have read the Rules and Regulations outlining description of each membership category and agree our Association qualifies for membership under our current category.
- I have read the Bylaws, Code of Ethics and agree to abide by the same.

The Association reserves the right to seek additional information necessary to approve member.

The original acknowledges that approval of membership in subject to the above.

Signature of Applicant

Print Name

Approval Date: _____