



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

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

## SHOW HOME CENTRE MEMBERSHIP APPLICATION

Date of Application:

Company Name:

Mailing Address:

Sales Office Address:

City:

Postal Code:

Telephone:

Fax

E-mail:

Website:

Company Principal:

Title:

Contact Person:

Other Location Address:

Number of year's involved in industry?

What type of product: Commercial

Residential

Institutional

1. Supplier s/n and model of show homes(initial 5 units in inventory)

  
  
  

2. Which modular industry players are you presently doing business with?

  
  

3. Please supply a photo copy of your current Provincial Retail Sales License.  (Included)

4. Please supply documentation confirming you company has bond insurance  (AB only)

### 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:

**CATEGORY:**

**Retailer**  
 maximum for multiple Retail Sales Centres

**FEES:**

\$ 315.00\*  
 \$1,260.00\*

YOUR PAYMENT IS:

\* GST INCLUDED

GST Registration Number:

**ONLY CURRENT MHA MEMBERS ARE ELIGIBLE TO USE THE MHA'S STANDARD HOME SALES AGREEMENT**

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		
<b>Mail:</b> MHAPP, P.O. Box 3538 Station Main Sherwood Park, AB T8H 2T4			<b>Fax:</b> (780) 413-0076 <b>Email:</b> <a href="mailto:info@mhaprairies.ca">info@mhaprairies.ca</a>		

GST Registration # R 10766 2504 RT0001

*Thank You for Your Continued Support to the Association!*



MEMBERSHIP DEFINITION

Retail Sales Centre Members

Check

- Shall be retailing modular and/or manufactured homes
- Shall have an onsite sales office
- Shall be licensed and bonded where Provincial legislation requires
- Shall agree to remit housing assessment fees in the event the manufacturer of homes is not an Association member
- Shall have a minimum of five show homes on sales lot at any given time
- Shall be encouraged to participate in Association programs and surveys as required
- Shall be responsible for set-up, transportation, after sales service and warranty
- Shall abide by the Bylaws, Code of Ethics and Rules and Regulations of the Association
- Encourage all sales employees to successfully complete the MHC Course within one year
- Enclosed is a photograph of sales centre and five (5) show homes.
- 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: