



Modular Housing Association Prairie Provinces  
202, 5405 99 Street  
Edmonton, AB T6E 3N8  
Website: [www.mhaprairies.ca](http://www.mhaprairies.ca)

Phone: (780) 412-1316  
Fax: (780) 413-0076  
Email: [info@mhaprairies.ca](mailto:info@mhaprairies.ca)

## COMMUNITY MEMBERSHIP APPLICATION (LEASE LAND)

Date of Application: \_\_\_\_\_

Community Name:					
Mailing Address:					
City:		Province		Postal Code	
Telephone:		Email:			
Website:					
Company Principal:		Title:			
Contact Person:					
Address of Community:					

Number of Years in the Industry:		Number of Sites:			
How Long has your community been in existence?					
Are you assessed at the residential or commercial taxation rate?					
Please check off the amenities in your community:					
<input type="checkbox"/> Playground	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Social Club	<input type="checkbox"/> Storage Area (Vehicles)	<input type="checkbox"/> Club House	
Others:					

### 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:	

### FEES

The current year's membership fee is dependent on the number of sites in your community. Payment is to accompany this application. Membership is based on the calendar year.

- is \$183.75, (GST included) Less than 80 sites
- is \$525.00, (GST included) Over 80 sites
- is \$787.50, (GST included) Maximum for multiple Communities

GST Registration Number: \_\_\_\_\_

**\*A membership applies to one location only. Locations for multiple communities require individual listing information.**

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 #
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">VISA</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">MasterCard</div> </div>				
	Cheque		Cheque payable to Modular Housing Association Prairie Provinces		
<b>Mail:</b> MHAPP, 202, 5405 99 Street Edmonton, AB T6E 3N8			<b>Fax:</b> (780) 413-0076 <b>Email:</b> <a href="mailto:info@mhapprairies.ca">info@mhapprairies.ca</a>		

GST Registration # R 10766 2504 RT0001

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



## MEMBERSHIP DEFINITION

### Community (Land Lease) Member

- ☒ Shall hold a current business license
- ☒ Shall have a minimum of 5 sites available for rent or lease (occupied or unoccupied)
- ☒ Shall review and use the Community Manual provided by the MHAPP
- ☒ 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.
- ☒ Shall refrain from the usage of the word "trailer" and/or "mobile home" on all signage, business forms, cards
- ☒ Shall agree to have member product available to be marketed in the development
- ☒ 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.

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

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

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

Print Name: \_\_\_\_\_

Approval Date: \_\_\_\_\_