



california
mobilehome
park
managers
association

ASSOCIATE MEMBER APPLICATION

An Associate Membership is in the name of the individual who is an owner, operator or agent of a business that has an interest in the Mobilehome park industry.

APPLICANT'S NAME printed _____ YES NO
Order badge in this name

BUSINESS NAME printed _____

BUSINESS ADDRESS printed _____

CITY printed _____ ZIP CODE _____

(____) _____ (____) _____ (____) _____
BUSINESS PHONE FAX HOME of CEL PHONE

EMAIL ADDRESS _____ @ _____

ADDRESS TO SEND CMPMA SENTINEL (newsletter) - if different from business address _____

NAME OF SPOUSE printed _____ YES NO
Order badge in this name

ABOUT YOUR BUSINESS

■ IS YOUR BUSINESS RELATED TO MOBILEHOME PARK INDUSTRY? YES NO

IF YES, HOW _____

IF NO, WHAT IS THE NATURE OF YOUR BUSINESS AND YOUR BUSINESS PURPOSE IN SEEKING MEMBERSHIP IN CMPMA? _____

■ WMA MEMBER? YES NO ■ BBB MEMBER? YES NO

■ WHEN WAS YOUR BUSINESS ESTABLISHED? _____

■ IS YOUR COMPANY LICENSED & BONDED? YES NO

ABOUT YOU

■ RELATIONSHIP TO THE BUSINESS OWNER MANAGER / REP SALES ASSOCIATE

■ HOW LONG HAVE YOU BEEN AFFILIATED WITH YOUR COMPANY? _____

■ HOW LONG HAVE YOU BEEN AFFILIATED WITH YOUR INDUSTRY? _____

■ WHAT IS YOUR MAIN PURPOSE IN WISHING TO JOIN CMPMA ? _____

■ DO YOU FEEL YOU CAN CONTRIBUTE IN SOME WAY TO CMPMA? IF SO, HOW? _____

■ WILL YOU SERVE ON A COMMITTEE OR VOLUNTEER IF ASKED TO DO SO? YES NO

■ HOW DID YOU HEAR ABOUT CMPMA ? _____

■ ARE YOU REFERRED BY A CMPMA MEMBER? YES NO

IF YES, WHO? _____

ABOUT DUES & FEES

■ CMPMA DUES ARE \$50.00 / YEAR / MEMBER / RENEWABLE ANNUALLY BY JANUARY 31

I WOULD LIKE TO ORDER NAME BADGE(S) AT \$ _____ EACH IN THE NAME(S) INDICATED ABOVE. _____ badges @ \$ ea. = \$ _____

APPLICATION FEE / DUES \$50.00

TOTAL ENCLOSED TO ACCOMPANY MY APPLICATION IN THE AMOUNT OF \$ _____

Please make check payable to: **CMPMA Membership**

APPLICANT SIGNATURE _____ DATE _____

cmpma
p.o. box 1467
imperial beach
california
91933

FOR CMPMA USE ONLY

As per Article 3, Membership Section C:
The Membership Committee will interview applicants and qualify them for membership.

Date application received: _____

Committee on investigation

Chairperson: _____

Member: _____

Date of investigation: _____

The committee on investigation has found the applicant to be Acceptable
 Unacceptable

Should the applicant be found unacceptable for any reason, the full membership fee will be returned immediately

Date application presented to board: _____

Date application was approved: _____ denied: _____

Date new member's check was given to treasurer: _____

Date new member's name & address was given to Membership / mailing list: _____

Date new member's name & address was given to Sentinel Editor: _____

Date name badge was ordered: _____ date presented: _____

Date certificate ordered: _____ date presented: _____

Date questionnaire given: _____ date returned: _____

Date new member was given directory: _____