



california
mobilehome
park
managers
association

GENERAL MEMBER APPLICATION

A General Membership is in the name of the park and includes Park Managers, Owner-Managers and/or Assistant Managers employed by the park*.

PARK NAME printed

ADDRESS printed

CITY printed

ZIP CODE

YES NO

MANAGER'S NAME printed

Order badge in this name

YES NO

ASSISTANT or CO-MANAGER NAME printed

Order badge in this name

YES NO

ASSISTANT or CO-MANAGER NAME printed

Order badge in this name

(_____) _____ (_____) _____ (_____) _____
BUSINESS PHONE FAX HOME PHONE

EMAIL ADDRESS @ _____

MANAGER'S ADDRESS · if different from park address or if manager pays own dues

ABOUT YOUR PARK

ALL-AGE 55+ RESIDENT OWNED WMA MEMBER YES NO
NUMBER OF SPACES ? _____

ABOUT YOU

- HOW LONG HAVE YOU MANAGED THIS PARK ? _____
- HOW MANY YEARS HAVE YOU MANAGED MOBILEHOME PARKS ? _____
- WHAT IS YOUR MAIN PURPOSE IN WISHING TO JOIN CMPMA ? _____

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

- ARE YOU WILLING OR ABLE TO HOST A CMPMA MONTHLY MEETING AT YOUR PARK SOMETIME IN THE FUTURE? YES NO ROOM CAPACITY ? _____
- 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 / PARK 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**

FEES ACCOMPANYING THIS APPLICATION ARE BEING PAID BY PARK MANAGER

*Memberships paid by the manager may be transferred to another park in the event of a change of employment. Memberships paid by the park remain with the park.

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

applicant's park paid membership fees that accompany this application. Therefore the membership will be in the name of the park and will remain in the name of the park if manager leaves the park's employ.

applicant paid his/her own membership fees that accompany this application. Therefore the membership will be in the name of the Manager and will remain in the name of the manager if he/she leaves the park's employ.

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: _____