

THE ASSOCIATION OF MANUFACTURED HOME OWNERS

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____
street address *space #*

city *state* *zip*

Park Community Name: _____

Phone Number _____

E-mail address _____

Annual Membership: \$12.00 due annually. Interim dues are prorated.

Remit to: AMHO
17408 44th Ave. W. # 37
Lynnwood, WA 98036
425-772-5174

Amount Paid: \$ _____ Paid Through: ____/____/20

Applicant Signature: _____

*No information about you will be sold or delivered outside AMHO except they will be available to the AMHO Legislative Action Committee if you choose "yes" ().

WELCOME TO AMHO!

You will shortly receive your AMHO membership card and begin receiving the AMHO Quarterly news publication and news updates to your e-mail. As a member, You are cordially invited to attend AMHO'S monthly Board Meetings, call for place and time. Call or e-mail AMHO with questions or for assistance anytime.

"AMHO is All of us!"