APPLICATION FOR MEMBERSHIP

Application is hereby made for membership. Our Company is currently a member in good standing of MHI. If approved for membership, applicant agrees to abide by the By-Laws/Rules and Regulations as may be amended, and make timely payments of dues and assessments. Please type or print clearly when completing the application below.

Name of Corporation ________________________________________________________________

Street Address _____________________________________________________________________________________

City ____________________________________________  State __________________  Zip Code _________________

Telephone Number ________________________________  Fax Number ______________________________________

Internet Address (www.) _____________________________________________________________________________

The principal types of equipment we manufacture are as follows (use additional pages as required):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

List address of main manufacturing facility, if different from above address:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Persons who will represent the applicant if approved are:

**Membership Delegate:**

Name __________________________ Title __________________________

Phone __________________ Fax __________________ E-Mail __________________

**Membership Alternate:**

Name __________________________ Title __________________________

Phone __________________ Fax __________________ E-Mail __________________

**Engineering Delegate (if appropriate):**

Name __________________________ Title __________________________

Phone __________________ Fax __________________ E-Mail __________________

**Statistical Delegate:**

Name __________________________ Title __________________________

Phone __________________ Fax __________________ E-Mail __________________

Name of person authorizing application who verifies that the facts set forth are true and correct:

Title __________________________ Signature __________________________ Date ____________

*Please send completed application to IndustryGroups@mhi.org*

www.mhi.org/ICWM

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