



MEMBERSHIP APPLICATION

AMHO

ASSOCIATION OF MANUFACTURED HOME OWNERS

WASHINGTON STATE

WWW.WAMHO.ORG



MEMBERSHIP TYPE

☐ New Member ☐ Renewal ☐ Friend of AMHO

RESIDENT INFORMATION (PLEASE PRINT BOLDLY)

FULL NAME(S)

TODAY'S DATE

PARK / COMMUNITY NAME

STREET ADDRESS

UNIT #

CITY

STATE

WA

ZIP CODE

CONTACT DETAILS

PRIMARY PHONE

EMAIL ADDRESS

COMMUNITY ORGANIZATION

ORGANIZATION NAME (IF ANY)

CONTACT NAME

PHONE / EMAIL

☐ I would like to volunteer!

☐ Host a community event!

Please send your **\$15.00 membership fee** and application to:

AMHO

2430 Mockingbird Lane
Kelso, WA 98626

WWW.WAMHO.ORG

ADMIN USE ONLY

DATE REC'D

CASH/CK #

DUES \$

DON. \$

MERCH \$

TOTAL \$