



MICHIGAN ASSOCIATION OF RECREATION VEHICLES AND CAMPGROUNDS

2222 Association Drive ● Okemos, Michigan 48864-5978
(517) 349-8881 ● (800) 422-6478 ● FAX (517) 349-3543 ● www.marvac.org

APPLICATION FOR MEMBERSHIP

I hereby submit my application for membership in the Michigan Association of Recreation Vehicles & Campgrounds, a division of the Michigan Manufactured Housing, RV and Campground Association. I agree to abide by the Bylaws of the Association, to cooperate with my fellow industry members and to keep Michigan a leader in the RV and campground industry.

Company Name _____

Owner/Partner _____ Title _____

Contact Person (if different than above) _____ Title _____

Street Address (physical location) _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____ Website _____

Mailing Address (if different than street address) _____

City _____ State _____ Zip _____ County _____

Michigan Dealer or Campground License Number (if applicable) _____

According to the Association Bylaws, Article III Section 3.04 "Each member shall pay such dues and other charges as may be set and approved from time to time by the Executive Board."

All master members will receive a \$10,000 Accidental Death and Dismemberment (AD&D) insurance policy as part of their membership. Eligibility for the AD&D policy is automatic after membership has been approved by the Executive Board and the AD&D enrollment application is completed and returned for processing. (This no-cost benefit was approved by the Executive Board on 7/23/91.)

Enclosed is my check for \$ _____

Please charge \$ _____ to my: Visa / Mastercard / Discover (circle one)

Card Number _____

Security Code _____ Exp. Date _____

Name on Card (print) _____

Signature _____

I understand that by providing my mailing address, email address, telephone number and fax number, I hereby consent to receive any and all communications sent by or on behalf of the Michigan Manufactured Housing, RV and Campground Association solely via regular mail, email, telephone or fax.

Signature Title Date

SCHEDULE OF DUES AND MEMBERSHIP INFORMATION

Please indicate (X) category that applies to your business.

_____ **CAMPGROUND**

Dues in this category are based on total number of licensed sites within each campground.

- _____ 50 sites or less \$225.00 per year. (Please indicate number of sites _____)
- _____ 51 to 100 sites \$275.00 per year. (Please indicate number of sites _____)
- _____ 101 and above \$300.00 per year. (Please indicate number of sites _____)

_____ **DEALER** (sells or leases recreation vehicles at retail)

- _____ \$325.00 per year for the first location
- _____ \$200.00 per year for each additional sales location

_____ **HONORARY** (a non-voting category; persons no longer active in the industry)

\$70.00 per year

_____ **LENDER** (a financial institution which provides retail, wholesale or commercial financing to the RV & campground industry)

\$425.00 per year

_____ **MANUFACTURER**

\$400.00 per year

_____ **SERVICER** (services recreation vehicles)

- _____ \$275.00 per year first location
- _____ \$190.00 per year each additional location

_____ **SPECIAL SERVICES** (please check which category best describes your operation)

- \$400.00 per year
- | | | | |
|--------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Campground Memberships | <input type="checkbox"/> Consultant | <input type="checkbox"/> Developer/Architect |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Legal Counsel | <input type="checkbox"/> RV Storage | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Other _____ | | | |

_____ **SUPPLIER** (companies that provide merchandise, materials or products at either wholesale or retail)

- | | | |
|--|---|--|
| _____ \$300.00 per year first location | <input type="checkbox"/> Distributor | <input type="checkbox"/> Distributor/Retailer |
| _____ \$200.00 per year each additional location | <input type="checkbox"/> Exhibition/Show Supplier | <input type="checkbox"/> Manufacturer/Distributor Supplier |
| | <input type="checkbox"/> Retailer | |

REFERRAL AND REFERENCE INFORMATION

Briefly describe your organization, listing products or services and hours of operation. This information will help staff to answer phone inquiries, develop directories and serve to build other forms of communication for the membership.
