Industry Associate

MEMBERSHIP

WISCONSIN HOUSING ALLIANCE
THE VOICE OF FACTORY-BUILT HOUSING

Company Name

Address

Phone

City State Zip

County

Website

Email for Consumer Inquiries

What are you looking forward to most with membership?

Company Description

OFFICIAL REPRESENTATIVE INFORMATION

This person will be the only company representative allowed to vote in elections.

First & Last Name

Title

Email

Phone

By completing the above information, you are giving the Wisconsin Housing Alliance permission to contact you via mail, email, or phone and to list your company in our membership directory on our website and in other publications.

ADDITIONAL INFORMATION

Included in your membership, any employee of your company is eligible to receive our monthly newsletter. Please list any employee that would like to be added to the email list, below.

Please note - the Official Representative (listed above) and the Main Dues Contact listed on the back of this form will automatically be added to the newsletter list.

Name & Title

Email

Name & Title

Email

Name & Title

Email

Name & Title

Email

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MEMBERSHIP INFORMATION

Service / Supplier (Please check all that apply)

☐ Installer ☐ Transporter ☐ Finance _____ *(indicate type of financing)* ☐ Other _____

☐ Insurance ☐ Supplier ☐ Service _____ *(indicate type of service)*

Is your business:

☐ Statewide ☐ Regional ☐ National

2027 TOTAL

$ **440**

BILLING INFORMATION

☐ I have enclosed a check for $ _____ made payable to Wisconsin Housing Alliance.

☐ Please charge my credit card for $ _____ using the card information provided below.

Card # _____ Exp. _____ CVV _____

Cardholder Name _____ Title _____

Billing Address *(if different than above)* _____

City _____ State _____ Zip _____

☐ *Check this box if you'd like the above cardholder listed as the "Main Dues Contact" for all membership billing inquiries. If left blank, the Official Representative will be listed as the "Main Dues Contact".*

AUTHORIZATION & ACKNOWLEDGMENT

☐ I understand that payments, contributions, or gifts to Wisconsin Housing Alliance are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business deductions subject to restrictions imposed as a result of WHA lobbying activities. WHA estimates that the nondeductible portion of your dues allocable to lobbying for calendar year 2027 is 3%. See your tax advisor if you have questions.

☐ I have read, understand, and agree to the Wisconsin Housing Alliance Code of Ethics and acknowledge that membership in good standing is required to receive any benefits from the Wisconsin Housing Alliance or any of its programs.

☐ I understand that receipt of membership payment does not automatically constitute membership. All membership applications are subject to approval by the WHA Board of Directors.

Signature _____ **Date** _____

If you have any questions regarding Membership with the Wisconsin Housing Alliance, please contact us by calling 608-255-3131 or email members@housingalliane.us.

Please return this form and payment to:

Wisconsin Housing Alliance
258 Corporate Dr. Suite 200C
Madison, WI 53714

Phone: 608-255-3131

members@housingalliance.us

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