

### HELPFUL PHONE NUMBERS

**Shine:** Free health insurance counseling and assistance 800-242-4636 press 3, **Prescription Advantage**, State prescription drug assistance program 800-243-4636 press 2, **Mass Health** 800-841-2900, **MCPHS Pharmacy Outreach Program** 800-633-1617, **Medicare Advocacy Project:** 800-323-3205, **Medicare** 800-633-4227, **Social Security** 800-772-1213, **Mass Executive Office of Elder Affairs** 800-243-4636.

### MEMBERSHIP DUES ARE DUE NOW FOR 2018

We have had to change the cost of dues, due to the increased cost of printing and mailing. We are staying with 1 yr and 2 yr for less confusion. We are now going to have a discount for 2 household members.

----- ( cut here ) ----- ( cut here ) -----

- **Manufactured Home Federation of Massachusetts, Inc. 15 Iroquois Dr NORTH ADAMS, MA 01247**

Date: \_\_\_\_\_ **Individual Membership Application** (circle one) New membership or Renewing

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different)

Email address: \_\_\_\_\_

Please put email so you can receive important information between printing of the Guardian.

Park Name: \_\_\_\_\_

Spouse Name: (additional fee if joining) \_\_\_\_\_ (circle one) New membership or Renewing

How do you prefer to receive The Guardian quarterly newsletter? (circle one) Email or USPS Mail

**Membership Rates:** (per person) (Please check) Number Joining: \_\_\_\_\_

1 year individual membership: \$10.00 \_\_\_\_\_ 2 year individual membership: \$19:00 \_\_\_\_\_

1 year 2 household membership: \$18.00 \_\_\_\_\_ 2 year 2 household membership: \$30.00 \_\_\_\_\_

Membership gives you voting rights at our annual meeting for elections.

Know someone new to manufactured housing and think they may be interested in a complimentary one time copy?  
If so, fill in information below and we will send them one free.

Print Name: \_\_\_\_\_ Complimentary Copy

Mailing Address: \_\_\_\_\_

Park Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check# / Cash: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MFM Internal Use

