

**Membership form to the New York State
Park Resident Homeowners Association, Inc.**

**P.O. Box 68, Ontario, NY 14519
Phone: (315)-524-6703, (800)-727-4498
Fax: (315)-524-7621
Email: info@prho.com**

Name: _____

Address: _____

City: _____ **State: (NY)** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Name of your Park: _____

Number of Units: _____ **Monthly Rent: \$** _____

The Park Resident Homeowners Association is a 501© Not for profit organization that is here to serve it's members and all mobile manufacture home owners in New York State. We will not sell or give your personal information to anyone. It is our commitment as an organization to uphold your privacy rights.

Type of Membership: Individual \$30/year [] or Association \$150/year []

Enclosed amount: \$ _____

Please mail this form along with a check or money order for your yearly dues to:

**Park Resident Homeowners Association (PRHO)
PO Box 68
Ontario, New York 14519**

Thank you for your support.

Serving you as president of PRHO,

George Miles