



Help Us Update MHCW's Database

Upon Completion please send to: **MHCW • 509 12th Ave. SE, Suite #7 • Olympia, WA. 98501**

Name: _____ Phone: () _____

We often find our data out-of-date when trying to provide members services. Old phone numbers or email addresses, manager's name out-of-date, lack of legislative information etc. Please help us to update so that we might better serve you. Please fill out all the information requested and return it to the MHCW office by January 15th, 2004. **Thank you!**

How many communities does the owner have? _____ Please list:

Owner's Name _____ Phone: () _____ Legislative District: _____

Owner's Address _____ City _____ State _____ Zip _____

e-mail: _____ Please list local unit name: _____

Do you attend local unit meetings? Yes _____ No _____ Would you like to? _____

Community Name _____ Phone: () _____

Community Address _____ City _____ State _____ Zip _____

Manager's Name _____ Phone: () _____

Manager's Address _____ City _____ State _____ Zip _____

e-mail: _____ Please list local unit name: _____

Community Legislative District: _____ Number of spaces: Permanent _____ RV _____ Total: _____

HUD Status: Family _____ 55 and over _____ 62 and over _____ Please check one: Well _____ Sewer _____

Do you attend local unit meetings? Yes _____ No _____ Would you like to? _____

Community Name _____ Phone: () _____

Community Address _____ City _____ State _____ Zip _____

Manager's Name _____ Phone: () _____

Manager's Address _____ City _____ State _____ Zip _____

e-mail: _____ Please list local unit name: _____

Community Legislative District: _____ Number of spaces: Permanent _____ RV _____ Total: _____

HUD Status: Family _____ 55 and over _____ 62 and over _____ Please check one: Well _____ Sewer _____

Do you attend local unit meetings? Yes _____ No _____ Would you like to? _____

Please continue on back side.

Community Name _____ Phone: () _____

Community Address _____ City _____ State _____ Zip _____

Manager's Name _____ Phone: () _____

Manager's Address _____ City _____ State _____ Zip _____

e-mail: _____ Please list local unit name: _____

Community Legislative District: _____ Number of spaces: Permanent _____ RV _____ Total: _____

HUD Status: Family _____ 55 and over _____ 62 and over _____ Please check one: Well _____ Sewer _____

Do you attend local unit meetings? Yes _____ No _____ Would you like to? _____

Community Name _____ Phone: () _____

Community Address _____ City _____ State _____ Zip _____

Manager's Name _____ Phone: () _____

Manager's Address _____ City _____ State _____ Zip _____

e-mail: _____ Please list local unit name: _____

Community Legislative District: _____ Number of spaces: Permanent _____ RV _____ Total: _____

HUD Status: Family _____ 55 and over _____ 62 and over _____ Please check one: Well _____ Sewer _____

Do you attend local unit meetings? Yes _____ No _____ Would you like to? _____

Where do you want Association mailings sent? Owner _____ Managers _____ Both _____

Optional: Please take the space below to give us your thoughts on any area of association business. What kind of training do you want to see? What services do you want more attention placed on? Anything on your mind, with regards to how MHCW serves you, the member. Thank you

