MEMBERSHIP APPLICATION

GOLDEN STATE MANUFACTURED-HOME OWNERS LEAGUE, INC.

800-888-1727

(Associate members do not own manufactured homes. They do not have voting rights and cannot hold office in GSMOL, but do receive The Californian magazine)

Park owners, managers or employees are not allowed to be GSMOL members.

- ☐ **ONE-YEAR INDIVIDUAL MEMBERSHIP - $25**
- ☐ **THREE-YEAR INDIVIDUAL MEMBERSHIP - $60**
- ☐ **ONE-YEAR INDIVIDUAL PLUS 2nd OCCUPANT - $35**
- ☐ **THREE-YEAR INDIVIDUAL PLUS 2nd OCCUPANT - $90**
- ☐ **ONE-YEAR *ASSOCIATE* MEMBERSHIP - $15**

(DUES ARE NON-REFUNDABLE)

First Name **Initial** **Last Name**

Daytime Phone Number **Alternate Phone Number**

Email Address

Second Person in Household - First Name **Initial** **Last Name**

Daytime Phone Number **Alternate Phone Number**

Email Address

Park Name

Street/Mailing Address **Space Number**

City **State** **Zip Code**

☐ **New Member**

☐ **Renewing Member**

GSMOL Chapter _____

Check # _____

Cash _____

You can contribute to the GSMOL General Fund $ _____

FILL OUT AND RETURN THIS FORM ALONG WITH YOUR CHECK TO GSMOL, P.O. Box 30038, Santa Barbara, CA 93130

DETACH AND KEEP FOR YOUR RECORDS **Thank you!**

Check# _____ **Amount** _____ **Date** _____

Form 100
Rev 11/2026

MEMBERSHIP APPLICATION

GOLDEN STATE MANUFACTURED-HOME OWNERS LEAGUE, INC.

800-888-1727

(Associate members do not own manufactured homes. They do not have voting rights and cannot hold office in GSMOL, but do receive The Californian magazine)

Park owners, managers or employees are not allowed to be GSMOL members.

- ☐ **ONE-YEAR INDIVIDUAL MEMBERSHIP - $25**
- ☐ **THREE-YEAR INDIVIDUAL MEMBERSHIP - $60**
- ☐ **ONE-YEAR INDIVIDUAL PLUS 2nd OCCUPANT - $35**
- ☐ **THREE-YEAR INDIVIDUAL PLUS 2nd OCCUPANT - $90**
- ☐ **ONE-YEAR *ASSOCIATE* MEMBERSHIP - $15**

(DUES ARE NON-REFUNDABLE)

First Name **Initial** **Last Name**

Daytime Phone Number **Alternate Phone Number**

Email Address

Second Person in Household - First Name **Initial** **Last Name**

Daytime Phone Number **Alternate Phone Number**

Email Address

Park Name

Street/Mailing Address **Space Number**

City **State** **Zip Code**

☐ **New Member**

☐ **Renewing Member**

GSMOL Chapter # _____

Check # _____

Cash _____

You can contribute to the GSMOL General Fund $ _____

FILL OUT AND RETURN THIS FORM ALONG WITH YOUR CHECK TO GSMOL, P.O. Box 30038, Santa Barbara, CA 93130

DETACH AND KEEP FOR YOUR RECORDS **Thank you!**

Check# _____ **Amount** _____ **Date** _____

Form 100
Rev 11/2026