



Acct: _____

414 Road 5500
Bloomfield, NM 87413

Commercial Membership and Service Application

Revised March 1, 2021

Applicant Name _____

Federal Employer ID _____

Mailing Address _____

City _____ State _____ Zip Code _____

Billing Phone _____ Service Phone _____

Service Address _____ Date _____

I understand that the cost for the service connection will be as follows:

Membership Fee \$25.00

Installation _____

Other _____

Total _____

I agree to use this service as provided for in the rules and regulations of the association and I understand that if I violate these rules that I may forfeit this membership in the Lee Hammond MDWCA and can only be reinstated by action of the Board of Directors.

I understand that the Board of Directors must approve this application.

I agree to pay any outstanding balance due to the association related to this water service.

Date

Applicant's Authorized Signature

Title of Authorized Signer

Name of Authorized Signer

The foregoing instrument was acknowledged before this _____ day of _____, _____, by _____.

Notary Public

My Commission expires: _____

The Board of Directors of the Lee Hammond MDWCA has approved your application for the transfer of this membership.

Officer of the Corporation