



414 Road 5500
Bloomfield, NM 87413

APPLICATION FOR TRANSFER OF MEMBERSHIP- RESIDENTIAL

Revised March1, 2021

Applicant Name _____
Husband SS# _____ Wife SS# _____
Mail Address _____

Email Address _____
Service Address Phone _____
Owner Home Phone _____
Owner Cell Phone _____

Location Sequence No. _____ Transfer Fee _____ Pd. Rec. _____

Service Address _____ Date _____

I AGREE TO USE THIS TAP FOR ONE (1) DWELLING ONLY AND UNDERSTAND IF I VIOLATE THIS RULE, I WILL FORFEIT MY MEMBERSHIP IN THE LEE HAMMOND MDWCA, AND CAN ONLY BE REINSTATED BY BOARD ACTION. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION. I UNDERSTAND THAT THE BOARD OF DIRECTORS OF THE LEE HAMMOND MDWCA MUST APPROVE THIS APPLICATION. I AGREE TO PAY ANY OUTSTANDING BALANCE DUE TO THE ASSOCIATION.

DATE

APPLICANT'S SIGNATURE

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

Notary Public

My Commission expires: _____

THE BOARD OF DIRECTORS OF THE LEE HAMMOND MDWCA HAS APPROVED YOUR APPLICATION FOR THE TRANSFER OF THIS MEMBERSHIP ON

_____, _____.

_____ OFFICER OF CORPORATION