



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