



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