PINOS ALTOS MUTUAL DOMESTIC WATER CONSUMERS' ASSOCIATION
P.O. Box 1798
Silver City, NM 88062-1798
(575)654-6461 bookkeeper@pamdwca.org

Application to Transfer Membership (revised 03/19/2025)

Applicant Name(s) _____

Contact Number_____Email Address _____

Cellphone numbers_____ SMS/texts: Y or N

Mailing Address _____

Service Address _____

Transferring Property Owner Name(s) _____

Number of Residences_____Is this application for domestic use only? _____

Description of non-domestic activities _____

Description of commercial activities _____

Description of septic waste system _____

Septic system NMED inspection/approval date _____

Is there a shut off valve within two feet of the meter? Y or N Account Number: ____

Expected effective date of transfer:_____

The Applicant has read and understood the Association's Operations Policy, Bylaws and Articles of Incorporation, which were obtained either at http://pamdwca.org, or from the Association's business office; if granted membership in the Association, Applicant agrees to accept and abide by these documents, and understand the requirement to have a shut off valve installed within two feet of the meter, at Applicant's expense, within 60 days of the effective date of transfer.

Applicant understands that it is Applicant's responsibility to submit this document fully completed, with all signatures notarized, before water service will be provided. Applicant agrees to be responsible for payment of any unpaid amounts the transferring property owner owes the Association, which amounts must be paid in full with Applicant's first monthly water bill.

_____ _____

Applicant Date

_____ _____

Applicant Date

As Transferring Property Owner, I have reviewed this Application and believe it is accurate to the best of my knowledge. I have made arrangements with the Applicant Property Owner for payment of amounts due the Association through the effective date of transfer. If I use a Realtor Selling Agent in this property transfer, I have provided the Realtor with a copy of this document before closing.

_____ _____

Property Address Meter Number

_____ _____

Transferring Property Owner Date

_____ _____

Transferring Property Owner Date

State of New Mexico } County of_____}

Signed or attested before me on_____[date] by
.

_____,

_____,

_____,

_____.

(Seal)

_____
Signature of notarial officer

My commission expires:_____

Fees required at this time include the transfer fee and the security deposit.

Required Attachments: Proof of Ownership/Sales or contract
All fees as per the Operations Policy

For Office Use Only:

Account Number: _____ Date:_____ Check Number: _____ Processed by: _____

Security Deposit: _____ Transfer Fee: _____ Membership Fee:_____