HATCH VALLEY DWID MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Mailing address:		
City:	State:	ZIP Code:
Physical Service Address:		
City:	State:	ZIP Code

EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

EMERGENCY CONTACT		
Name of a friend or relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:	SSN:	Phone:

SPOUSE EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

REFERENCES		
Name	Address	Phone

SIGNATURES	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. **I have also received a copy of the Hatch Valley DWID By-Laws and read and understand such, and agree to abide by the By-Laws**.	
Signature of applicant:	Date:

Please return this form with $115 (including $90 deposit and $25 establishment fee)
$90 deposit will be returned after 12 months of on time payments

office use only	
Service Start Date:	Start Date Meter Reading:
Deposit Received Date:	Form of Deposit (check, money order, cash):
Signature of HVDWID President:	Date: