

# HATCH VALLEY DWID MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		Property Owner?
Date of birth:	SSN:	Phone:
Mailing address:		
City:	State:	ZIP Code:
Physical address:	State:	ZIP Code:

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

## EMERGENCY CONTACT

Name of a 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:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

## REFERENCES

Name	Address	Phone

Service Start Date:	Start Date Meter Reading:
Deposit Received Date:	Form of Deposit (check, money order, cash):

## 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:
Signature of HVDWID President:	Date: