



**PRIVATE WELL OWNERS ASSOCIATION**

P.O. Box 2073 Pahrump, Nevada 89041-2073

Website: [www.privatewellowners.com](http://www.privatewellowners.com)

**Associate Membership Application**

Upon approval of this application, the Associate Membership is effective as of the application date to the end of that year and is subject to approval and renewal at the beginning of each calendar year (January -December). This membership is solely between the undersigned and the Private Well Owners Association.

**Membership fee is \$20.00 per year**

I rent/lease/live on property located in Nye County, NV \_\_\_\_\_

Water is or will be provided to this property by a Private Domestic Well or a Water Utility.

Print Name of Applicant \_\_\_\_\_

Hereby applies for membership and by this application consents to membership to the Association. The said "Consent" is REVOCABLE pursuant to NRS or violations of the Conflict of Interest Policy of the Association. The undersign upon approval qualifies for Associate Membership as a user or potential user of water in the County of Nye in the State of Nevada. The member, by this membership registration application represents that the member has read, understands, and agrees to be bound by the terms and conditions of the Articles and Bylaws of the Association. The Articles and Bylaws may be viewed on the Association's official website.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name of owner of the property

Physical Address

Mailing Address (if different)

Street: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: YES \_\_\_\_ NO \_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(We reserve the right to refuse membership.)

New Member