



Nevada Wells Cooperative
Mailing address: P.O. box 172, Silver Springs, NV 89429
Telephone: 775-577-2400
Web Site: nevadawellscooperative.org
Email: thenevadawellscooperative@gmail.com

APPLICATION FOR MEMBERSHIP/PARTICIPATION AND WRITTEN CONSENT TO MEMBERSHIP

I am the: ☐ Owner ☐ Leasing/renting property in _____ County, Nevada
The property is classified as: ☐ Residential ☐ Commercial ☐ Industrial Other _____
I have water provided to this property by: ☐ Well ☐ Water Company ☐ No water service

The membership is effective upon approval of the application date for one year, subject to renewal upon membership fee payment and is between the undersigned and the Nevada Wells Cooperative (hereinafter referred to as the "Co-op")

The undersigned _____ (print name) is hereinafter referred to as the "Member" and hereby apply for **Membership/Auxiliary Membership** and by this application consents to membership to the Co-op. The said "Consent" is REVOCABLE pursuant to NRS and violations of the Conflict-of-Interest Policy of the Co-op. The undersigned qualifies for membership as a user or potential user of water in the County in which they reside in the State of Nevada. The member by the membership registration application represents that the member has read, understands and agrees to be bound by the terms and conditions of the Articles of Incorporation, By-Laws and the Conflict-of-Interest Policy of the Co-op and has received a copy of all three and have read said documents. To request documents email: thenevadawellscooperative@gmail.com

Name: _____
(Print name as it appears in the County of Residence Recorder's Office) (Print name of Voting Representative of the property/Voting Auxiliary Member)

Physical Well Property Address: _____ City _____ Zip _____ NV

Member/Auxiliary Member Mailing Address: _____ City _____ Zip _____ NV

Email Address: _____

Telephone Number _____ Cell Number _____

Under penalties of perjury, I certify that the information provided on this form is true, correct and complete

Name _____ Dated this _____ Day of _____ Year _____
(Signature)

The foregoing consent is revocable by the member in writing received by the Co-op, provided however, that such revocation is effective with respect to membership occurring after close of the Co-op's fiscal year during which said written revocation is received. THE MEMBER'S CONSENT IS REQUIRED FOR the Co-op to maintain the Nonprofit Status of the Co-op pursuant organizations organized for public benefit under I.R.C §501((c))(4).

Pay by: Cash, check, money order. Make check or MO payable to: NEVADA WELLS COOP (no credit or debit cards)

NEVADA WELLS CO-OP USE BELOW _____

☐ Applicant's Qualifications for membership has been verified with the County of _____ as

Parcel Number: _____

☐ Applicants County/NV State of residence has been verified to qualify for an Auxiliary Membership.

☐ Applicant's membership fees have been paid in full ☐ Applicant has entered into payment agreement

Member verification completed by _____ Date: _____ Member Approved by Board on Date: _____

Welcome Packet mailed on _____ Articles of Incorporation, Conflict of Interest Policy & By-Laws emailed on: _____