



**LOWER GALLINAS
LAND GRANT LA SIERRITA -MERCED
NEW APPLICANT FORM**

**P.O. Box 102
Montezuma, New Mexico 87731**

DATE:

Name of Applicant

First and Last Name:

Email:

Cell Phone:

Age:

Address:

Name of Blood Heir

First Name

Last Name:

Cell Phone:

Email:

Relationship to Heredero:

Please share information about your connection to the heredero/heir.



LOWER GALLINAS LA SIERRITA LAND GRANT-MERCED NEW MEMBER FORM

What makes you a candidate to be a part of Lower Gallinas Land Grant?

LOWER GALLINAS LA SIERRITA LAND GRANT-MERCED NEW MEMBER FORM



Please explain the importance of protecting the land grant and what role will you take to assist the Lower Gallinas Land Grant?