



Asociación de Regularización de
Vecinos de la Cholla, A. C.
 P. O. Box 620 • Lukeville • AZ • 85341
www.VecinosDeLaCholla.org



PETICION POR MIEMBROS
(Request for membership)

MANZANA (Block) # _____ LOTE (Lot) # _____ FECHA (Date) _____

NOMBRE (Name) _____

(List one primary owner per home or lot. Please list all information for additional owners on reverse side)

DOMICILIO (Address) _____

CIUDAD / ESTADO / CODIGO POSTAL (City/State/ZIP) _____

TELEFONO (Telephone) EN CASA (Home) _____

TELEFONO (Telephone) EN OFICINA (Office) _____

TELEFONO (Telephone) EL OTRO (Other) _____

CORREO ELECTRONICO (Email) _____

LA INFORMACION DE CONTACTO DE EMERGENCIA (Emergency contact information)

NOMBRE (Name) _____

TELEFONO (Telephone) EN CASA (Home) _____

TELEFONO (Telephone) EN OFICINA (Office) _____

TELEFONO (Telephone) EL OTRO (Other) _____

Yo, _____, por mi propio derecho y voluntad deseo pertenecer a la Asociación de Regularización de Vecinos de la Cholla A. C. como miembro permanente y apoyar las gestiones del proceso de regularización y cubrir la parte proporcional de los gastos de la asamblea, así mismo esto conforme a sujetarme las obligaciones si devieran de la referida asociación.

LA FECHA (Date) _____ FIRMA (Signature) _____

(Translation: I, (name of applicant), of my own right and volition, desire to belong to the Association of Regularization of Neighbors of Cholla, A. C., with permanent membership and support for the managers of the process of regularization, to cover the proportional part of the costs that correspond to the agreement of the decisions of the Assembly. I will abide by the regulations of the Association)

Application fee: \$35 USD

Annual dues for current year: \$150 USD

Annual dues are payable on January 1st for the calendar year.

Email to: Info@VecinosDeLaCholla.org

US Mail Address: PO Box 620 • Lukeville AZ 85341

We accept:

Zelle payments: Info@VecinosDeLaCholla.org Venmo: [@Vecinos-delaCholla](https://www.venmo.com/@Vecinos-delaCholla)

Checks made payable to: Vecinos De La Cholla AC

HOW MANY CO-OWNERS? _____

PLEASE PROVIDE THEIR INFORMATION BELOW

CO-OWNER #1 FULL NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE & EMAIL ADDRESS: _____

CO-OWNER #2 FULL NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE & EMAIL ADDRESS: _____

CO-OWNER #3 FULL NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE & EMAIL ADDRESS: _____

CO-OWNER #4 FULL NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE & EMAIL ADDRESS: _____

CO-OWNER #5 FULL NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE ____ ZIP _____

PHONE & EMAIL ADDRESS: _____

IF THERE ARE MORE CO-OWNERS, PLEASE ATTACH AN ADDITIONAL SHEET
PLEASE COMPLETE THIS FORM WITH ALL OF THE REQUESTED INFORMATION
WE USE THIS INFORMATION IN ORDER TO CONTACT YOU IN CASE OF AN
EMERGENCY AND ALSO TO SEND OUT ANY IMPORTANT NOTIFICATIONS

WHEN COMPLETE, SAVE AND SEND TO:

Info@VecinosDeLaCholla.org