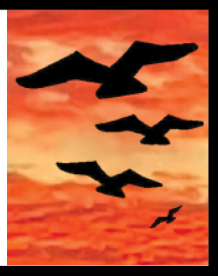




Asociación de
Vecinos de la Choya, A. C.
 P. O. Box 620 • Lukeville • AZ • 85341
www.VecinosDeLaCholla.org



PLEASE PRINT CLEARLY!

\$ 150 Payment for 2024

Payment option:

Payment for _____ year

Zelle Venmo Cash Check # _____

Today's Date _____

There will be a \$50 for any returned/NSF check

Sticker delivery option (You will receive 1 house sticker and 2 vehicle stickers)

US Mail to my address below

Deliver to my Cholla house

PLEASE LIST ALL PROPERTIES!!

MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____

MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____

MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____ MANZANA # _____ LOT # _____

OWNER'S FULL NAME/COMPANY NAME (IF APPLICABLE):

SPOUSE/PARTNER NAME:

PRIMARY MAILING ADDRESS:

_____ CITY _____ STATE _____ ZIP _____

HOME/CELL PHONE: _____ MEXICO (LOCAL) PHONE: _____

EMAIL ADDRESS - PRIMARY _____

EMAIL ADDRESS - SECONDARY _____

EMERGENCY CONTACT #1 _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE/EMAIL ADDRESS: _____

EMERGENCY CONTACT #2 _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE/EMAIL ADDRESS: _____

WHEN COMPLETE, SAVE AND SEND TO:

Info@VecinosDeLaCholla.org

PLEASE LIST ALL CO-OWNERS ON THE REVERSE SIDE

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