



Asociación de  
**Vecinos de la Choya, A. C.**  
P. O. Box 620 • Lukeville • AZ • 85341  
[www.VecinosDeLaCholla.org](http://www.VecinosDeLaCholla.org)



**PLEASE PRINT CLEARLY!**

**\$ 150 Payment for 2025**

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](mailto: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](mailto:Info@VecinosDeLaCholla.org)