



PO Box 691  
Fall City, WA 98024  
425-222-7003  
Fax 425-222-6396

## Application for Membership

Please complete the appropriate sections of this Application using black or dark blue ink. Please PRINT and sign the Application. Application will not be accepted without payment of a \$100.00 non-refundable Application Fee.

By signing this Application the applicant certifies that the information provided is complete and correct. Any finding by the Association that information is incomplete or incorrect may result in rejection of the Application and forfeiture of the Application Fee.

The priority date assigned to the Application will be the date on which the Application is executed by the Association, which will be done in a timely manner after the latter of: the date upon which the Association receives all required information; the date upon which the Association has completed verification of all information; and, the date upon which the Association receives all required fees and deposits. The Association will enter the priority date in the signature section at the time of execution of the Document.

### MEMBERSHIPS

Memberships, applications for membership, and places on a membership waiting list shall be appurtenant to the parcel of land for which the application is made or the membership is issued and shall, upon application to and approval by the Association, transfer to the transferee of the parcel that is vested with record title. Memberships, applications for membership, and places on a membership waiting list shall not otherwise be sold, transferred, or assigned and the Association shall have no obligation to honor any attempt to sell, transfer or assign such rights.



PO Box 691  
 Fall City, WA 98024  
 425-222-7003  
 Fax 425-222-6396

**APPLICATION FOR MEMBERSHIP**

**Property Owner's Name:** \_\_\_\_\_

Owner is:      An Individual    A Partnership    A Corporation  
                    Other: \_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
   Daytime: \_\_\_\_\_

**PROPERTY:**

King County Parcel #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Proposed Use:  Single Family Residence    Commercial: (specify) \_\_\_\_\_  
                    Irrigation Only                    Other: (specify) \_\_\_\_\_

Meter size requested (if known):    5/8 X 3/4"                    1"

Is there a well on the property?                    Yes    No

**SIGNATURES:**

**Applicant:**

The undersigned Applicant for Membership hereby:

1. Certifies that all information contained in this application and all attachments submitted in support of the Application, are true and correct to the best of his or her knowledge.
2. Accepts and agrees to abide by the By-Laws and the Rules and Regulations of Ames Lake Water Association as they may be amended from time to time and to pay all rates and charges of the Association. Receipt of a copy of the Association's current By-Laws and the Rules and Regulations and rate schedule is acknowledged.



PO Box 691  
Fall City, WA 98024  
425-222-7003  
Fax 425-222-6396

3. Consents to the Association filing a lien on its property and authorizes service disconnection for non-payment.
4. Agrees that any inaccurate or false information received by the Association in connection with this Application shall, at the Association's discretion, be grounds for rejection of the Application by the Association.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**AMES LAKE WATER ASSOCIATION:**

Date Application received: \_\_\_\_\_

Date Application reviewed and verified: \_\_\_\_\_

Date Fees received: \_\_\_\_\_

The Ames Lake Water Association hereby accepts the Application submitted by:

\_\_\_\_\_

For King County parcel number \_\_\_\_\_ for Membership

Executed for Ames Lake Water Association by:

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Executed On: \_\_\_\_\_ which date shall be the  
Priority Date for this Application.