



SOUTH HARRISON WATER

**P.O. BOX 548
CORYDON, IN 47112-0548
812-968-3425
FAX# 812-968-3713**

MEMBERSHIP TRANSFER

I _____ AND _____

DO HEREBY **TRANSFER MY/OUR MEMBERSHIP** AND CORRESPONDING
PRIVILEGES IN THE **SOUTH HARRISON WATER CORPORATION**

TO _____ AND _____

THIS _____ DAY OF _____ 20_____.

WITNESSED BY: _____

TRANSFERER: _____

TRANSFERER: _____

RECEIVER: _____

RECEIVER: _____

ACCOUNT #: _____