

HENRYVILLE MEMBERSHIP SANITATION CORPORATION

PO Box 62, 104 East Main Street
Henryville, IN 47126-0062
812-294-1070

Membership Transfer Certificate

Date: _____, 20____

This is to certify that I, the undersigned, received before this date,
a Membership from

(previous member name) _____

to the Henryville Membership Sanitation Corporation of Clark County,
Henryville, Indiana, which entitles me to Membership privileges in
said Corporation.

Member Name

(Please Print)

First: _____ Middle: _____ Last: _____

First: _____ Middle: _____ Last: _____

Business Name: _____

Service Address

Street: _____ City: _____

Mailing Address

(If Different from Service Address)

C/O: _____

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip Code: _____

Numbers

Telephone Number: _____

HMSC Account Number: _____

Signature

Member Signature: _____