

**Sharon Water Supply Corporation
6175 North State Hwy. 37
Winnsboro, Texas 75494**

**Office: 903-342-3525 Fax: 903-342-5515
Toll Free: 1-877-342-3525**

TRANSFER OF MEMBERSHIP AGREEMENT

I/WE, _____ HEREBY TRANSFER MY/OUR
MEMBERSHIP IN THE SHARON WATER SUPPLY CORPORATION TO:

ON THIS _____ DAY OF _____, 20_____.

PLEASE MAIL MY REFUND CHECK OR FINAL BILL TO: _____

SIGNED:

TRANSFEROR

TRANSFEROR