



CMM GROUP WATER SCHEME

CASTLERAHAN, MOUNTNUGENT, MUNTERCONNACHT
GROUP WATER SCHEME CO-OPERATIVE SOCIETY LIMITED



Secretary: Winifred Acheson 087-2745509 wacheson@eircom.net
Manager: Douglas Ritchie 086 8366065 douglas.cmmgws@gmail.com
10 Market Street, Ballyjamesduff, Co.Cavan

Membership Application Form

Account No:

Name 1st Applicant: _____ (BLOCK CAPITALS PLEASE)

Name 2nd Applicant: _____ (BLOCK CAPITALS PLEASE)

(JOINT APPLICANTS TO COMPLETE APPLICATION FORM)

Address: _____ E-mail: _____

_____ Mobile: _____ (Text Alerts)

_____ Tel: _____

I hereby apply to Castlerahan Mountnugent Munterconnacht Group Water Scheme Co-operative Society Ltd for a water connection. I agree to abide by the rules of the Co-operative. I also agree to pay the connection fee (if applicable) of €1,850 and any other charges as they become due. (Connection fee payable in full prior to connection). I require the water supply at _____ for (please select **one** of the following)

Domestic use only (I will be residing in the house as my main residence and not carrying on a business from there).

Agricultural use only (It will not be used to supply water to any house).

Domestic and Agricultural Use.

Commercial use (I will be carrying on a business from the house/premises).

Site – I intend to sell the site.

Site – I intend to build a house and use it as my main residence.

Transfer of an existing connection. (Please check with CMM in relation to connection fee)

Signed 1st Applicant: _____ Date: _____

Signed 2nd Applicant: _____ Date: _____

OFFICE USE ONLY

Sanctioned by the Management on: _____

Connected on: _____

Signed: _____

Box No: _____

Meter Location: _____

Meter No: _____

Map provided: Yes No

Date:

Receipt No:

Amount:



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FORM A

Application for Ordinary Share and Water Connection by an Individual or Jointly

I/We, the undersigned, hereby apply for:

i. Membership

ii. One ordinary transferable Share of one Euro in the above named Society

iii. A water connection at _____ at the location indicated on the attached map.

In respect of this application I/We agree to supply any further additional information and documentation required by the Board and to make any payments required by the rules and operating regulations of the Society and otherwise to be bound thereby.

Signed 1st Applicant

Signed 2nd Applicant

Signature of Applicant (s): _____

Telephone: _____

Occupation: _____

Address: _____

Date: _____
