



Date Received _____	Sale # _____
Sold to: _____	#W _____

**Mohican Swimming Pool Association**  
 PO Box 666  
 Glen Echo, Maryland 20812

**MohicanPool@yahoo.com**  
**www.MohicanPool.org**

## Sales/Transfer Authorization Form

**I/We wish to** (check one):

- \_\_\_\_\_ Sell our Membership # \_\_\_\_\_ (No fee)  
 \_\_\_\_\_ Transfer our Membership # \_\_\_\_\_ (\$50 transfer fee)

**Sale of Membership**

- ❖ Membership will be sold by the Association to the next person on our Waiting List.
- ❖ You will receive a check for the full sales price (currently \$2,200.00) minus a sales fee of \$1,000.00, less any outstanding assessment payments, dues and late fees.
- ❖ The postmark date on the envelope will be used to determine deductions from the sales price.

**Transfer of Membership**

- ❖ Your membership may be transferred only to the following:
  1. An adult descendant residing within the Mohican Pool boundaries
  2. The purchaser of your home
- ❖ **There is a Transfer Fee of \$50.00**
- ❖ The postmark date on the envelope will be used to determine any balances due to MSPA.

**X**

\_\_\_\_\_  
 Current Owner's Signature

\_\_\_\_\_  
 Owner's Name (Print) Membership #

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone e-mail address

**Sale of Membership:**

\_\_\_\_\_ Mail check to address above  
 \_\_\_\_\_ Mail check to: \_\_\_\_\_  
 \_\_\_\_\_

**Transfer of Membership:**

New Owner's Name: \_\_\_\_\_ \_\_\_\_\_ New Owner  
 (Print) \_\_\_\_\_ \_\_\_\_\_ Adult Descendant  
 Address (if different than above): \_\_\_\_\_

\_\_\_\_\_  
 (Street) (City, State, Zip)

\_\_\_\_\_  
 (Phone) (E-mail)

**Mail completed form and check  
 (if applicable) to the address above.**

<b>For Office Use Only</b>	
Proceeds of Sale	\$ _____
Less Sales Fee	\$ _____
Less Assessment	\$ _____
Less Penalties	\$ _____
Less Current Year charges	\$ _____
<b>Balance to Seller</b>	<b>\$ _____</b>