

# Application for Membership and Electric Service



THE UNDERSIGNED HEREINAFTER CALLED THE "APPLICANT" HEREBY APPLIES FOR MEMBERSHIP IN AND AGREES TO PURCHASE ELECTRIC ENERGY FROM THE NORTH WEST RURAL ELECTRIC COOPERATIVE (HEREINAFTER CALLED THE "COOPERATIVE"), AN EQUAL OPPORTUNITY EMPLOYER, UPON THE FOLLOWING TERMS AND CONDITIONS:

1. THE APPLICANT WILL PURCHASE FROM THE COOPERATIVE ALL CENTRAL STATION ELECTRICAL ENERGY USED ON THE PREMISES. THE APPLICANT AGREES TO ACCEPT THE TARIFF THAT SHOWS THE APPLICABLE RATE FOR ELECTRIC SERVICE ON THESE PREMISES.
2. THE APPLICANT AGREES THAT IF, AT ANY TIME, THE BOARD OF DIRECTORS DETERMINE THE RATE UNDER WHICH THE COOPERATIVE PURCHASES ELECTRIC ENERGY AT WHOLESALE IS INCREASED OR DECREASED, OR IF ANY ACTION BY A GOVERNING BODY, OR INCREASED COSTS OF OPERATION MAKE IT NECESSARY, THE COOPERATIVE MAY MAKE A CORRESPONDING INCREASE OR DECREASE IN THE RATE OF SERVICE HEREUNDER.
3. THE APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVISIONS OF THE ARTICLES OF INCORPORATION AND BY-LAWS OF THE COOPERATIVE, OF WHICH HE WILL BE A MEMBER, AND SUCH RULES AND REGULATIONS AS MAY, FROM TIME TO TIME, BE ADOPTED BY THE COOPERATIVE.
4. ACCEPTANCE OF THIS APPLICATION AND THE FURNISHING OF THE ELECTRIC ENERGY BY THE COOPERATIVE TO THE APPLICANT WILL CONSTITUTE AN ACCEPTANCE OF THE ABOVE OFFER TO PURCHASE ELECTRIC ENERGY. THE CONTRACT BETWEEN THE APPLICANT AND THE COOPERATIVE SHALL CONTINUE IN FORCE FOR ONE YEAR FROM THE DATE SERVICE IS FIRST FURNISHED TO THE APPLICANT BY THE COOPERATIVE AND THEREAFTER UNTIL CANCELED BY AT LEAST THIRTY DAYS WRITTEN NOTICE GIVEN BY EITHER PARTY TO THE OTHER.

**APPLICANT NAME** (PLEASE PRINT)

**CO-APPLICANT/SPOUSE NAME** (PLEASE PRINT)

\_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

\_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

**APPLICANT SIGNATURE** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_  
MONTH DAY YEAR

**BIRTH DATE** \_\_\_\_\_  
MONTH DAY YEAR

**EMPLOYER** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**PHONE** \_\_\_\_\_  
HOME

\_\_\_\_\_ CELL \_\_\_\_\_ WORK

**EMAIL** \_\_\_\_\_

**POSSESSION DATE** \_\_\_\_\_  
MONTH DAY YEAR

**PREVIOUS ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CHECK ONE**  **OWN PROPERTY** OR  **RENT PROPERTY** IF RENTING PLEASE FURNISH LANDLORD INFORMATION

\_\_\_\_\_  
LANDLORD NAME ADDRESS CITY STATE ZIP

\_\_\_\_\_  
LANDLORD HOME PHONE LANDLORD CELL PHONE

APPLICANT ACKNOWLEDGES THAT UPON DISCONNECTION FOR ANY REASON THE COOPERATIVE MAY ATTEMPT TO CONTACT THE PROPERTY OWNER

**SERVICE LOCATION** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_