



APPLICATION FOR MEMBERSHIP

Individual Joint Partnership Corporation Sole Proprietorship

Applicant Legal Name(s): _____

Mailing Address: _____

Physical Address: _____

Telephone Number: home _____ work _____ cellular _____

Social Security #: _____ Taxpayer ID #: _____

Location of Service: _____

Type of Service: Reconnect New Construction

If New Construction an application for service must be completed.

Purpose of Service: Residential Commercial Large Power

Date Service Requested: _____

Are you the: Owner Tenant Agent

Landlord Information: _____

Life Support Equipment: _____

Prior Electricity Provider: _____

Name and Address of utility

Present Employer: _____

Name, Address and Telephone #

Credit References: _____

I, the undersigned, swear the information contained in the Application for Membership is true and correct to the best of my knowledge.

Date _____

Date _____

PARTNERSHIP

Names of partners and percent of business owned. (Please Print)

_____	Percent _____
_____	Percent _____
_____	Percent _____

Person(s) individually guaranteeing payment of electrical service.

Signature _____	Name _____	Title _____
Signature _____	Name _____	Title _____
Signature _____	Name _____	Title _____

CORPORATION

Please list Officers of the Corporation. (Please Print)

_____	President
_____	Vice-President
_____	Secretary
_____	Treasurer

Person(s) individually guaranteeing payment of electrical service:

Signature _____	Name _____	Title _____
Signature _____	Name _____	Title _____
Signature _____	Name _____	Title _____
Signature _____	Name _____	Title _____

SOLE PROPRIETORSHIP

Person individually guaranteeing payment of electrical service:

Signature _____	Name _____	Title _____
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