



Member #:

## APPLICATION FOR MEMBERSHIP

Individual     Joint     Partnership     Corporation     Sole Proprietorship

Applicants Legal Name(s):	Applicants Legal Name(s):
Birthdate:	Birthdate:
ID #/State:	ID #/State:
Primary Phone #: Work #:	Primary Phone #: Work #:
Email Address:	Email Address:

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Other Household Members Authorized: \_\_\_\_\_

Service Address Description: \_\_\_\_\_

Own/Rent?    Landlord: \_\_\_\_\_    Phone #: \_\_\_\_\_

Life Support Equipment?    Yes     No

*Businesses only - Complete a Designated Representative Form*

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Business License #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Other officers, directors, partners, employees or individuals guaranteeing payment of electrical service and authorized to transact business on behalf of the membership (except annual meeting business which will be listed on the Designated Representative Form).

1. _____ Title _____	2. _____ Title _____
3. _____ Title _____	4. _____ Title _____
5. _____ Title _____	6. _____ Title _____

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

\_\_\_\_\_ Date \_\_\_\_\_

Member Signature