

## APPLICATION FOR MEMBERSHIP AND FOR ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Whetstone Valley Cooperative, Inc., (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. The Applicant will, when electric energy becomes available, purchase from Cooperative all electric energy used on the premises described below and will pay therefore at rates to be determined from time to time in accordance with the bylaws of the Cooperative, it being understood that all amounts paid by Applicant in excess of operating costs and expenses of the Cooperative properly chargeable against the furnishing of such electric energy are furnished by the applicant as capital: provided, however, that the Cooperative may limit the amount of electric energy to be furnished for industrial uses.
2. The Applicant agrees to grant right of way easements to the Cooperative for the construction of power lines to provide service.
3. The Applicant will cause his premises to be wired in accordance with wiring specifications approved by the Cooperative.
4. The Applicant will comply with and be bound by the provisions of the bylaws and policies of the Cooperative and such bylaws and policies as may from time to time be adopted by the Cooperative.
5. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law the applicant's private property is exempt from execution for any such debts and liabilities.
6. Applicant hereby agrees that \$6.00 of the amount paid for electricity each year is for a subscription to the Whetstone Valley Cooperative Connections.

The acceptance of this application by the Cooperative shall constitute an agreement between the applicant and the Cooperative, and the contract for electric service shall continue in force for one year from the date of service is made available by the Cooperative to the Applicant, and thereafter until canceled by at least 30 days written notice given by either party to the other.

\* Husband and wife or partnership should both sign, if application is for a joint membership.

\* **If you are a corporation, sign using the corporate name.**

**A \$300 Deposit or a favorable credit reference from previous power company is required.**

Dated \_\_\_\_\_

\_\_\_\_\_  
Applicant – Print (First, Middle Initial, & Last Name)

\_\_\_\_\_  
Witness  
The above application for membership accepted  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant – Signature

Membership # \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Whetstone Valley Electric Cooperative, Inc.

\_\_\_\_\_  
Co-Applicant – Print (First, Middle Initial, & Last Name)

By \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant – Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\* \* \* \* \*

### 911-SERVICE ADDRESS & COUNTY

### MAILING ADDRESS

Owner \_\_\_\_\_ Renter \_\_\_\_\_

If you are a renter, list owners name/address/phone

\_\_\_\_\_  
Street/PO Box or 911 Address

Name \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Address \_\_\_\_\_

\_\_\_\_\_  
Phone/ Cell Phone

Phone \_\_\_\_\_

\_\_\_\_\_  
E-mail Address

Name & Address of nearest living relative: \_\_\_\_\_

\_\_\_\_\_

Have you ever received electric service from Whetstone Valley Electric Cooperative before?

☐ Yes ☐ No If yes, what was the name on account? \_\_\_\_\_

**Voluntary Section:**

What racial/ethnic category would you like to be categorized for federal reporting purposes?

- |                       |       |                                      |       |
|-----------------------|-------|--------------------------------------|-------|
| A. White              | _____ | B. Black or African American         | _____ |
| C. Hispanic or Latino | _____ | D. American Indian or Alaskan Native | _____ |
| E. Asian              | _____ | F. Native Hawaiian or other          | _____ |
| G. Other              | _____ |                                      |       |

\_\_\_\_\_

Please do not write below this line

(FOR OFFICE USE ONLY)

Member No. \_\_\_\_\_ File Location \_\_\_\_\_

Member Information entered in computer by \_\_\_\_\_ Dep. Amt: \_\_\_\_\_ Invoice No. \_\_\_\_\_