

# TRI-COUNTY ELECTRIC COOPERATIVE

## Individual/Joint Membership Application

I (we) hereby make application for membership in Tri-County Electric Cooperative for the purpose of receiving electric and other services from the Cooperative, and agree:

- \* To accept, comply and be legally bound to the Cooperative's governing documents including the Articles of Incorporation and Bylaws. (Available upon request)
- \* To accept, comply and be legally bound by such policies, rules, regulations and rates as may be adopted by the Cooperative or are required by law or governmental regulation.
- \* I (we) are at least 18 years of age and all information provided is complete and correct.
- \* To immediately notify the Cooperative of any changes to this information.
- \* To be responsible for the electric account(s) from the connect date to the time I (we) notify the Cooperative to disconnect or discontinue service.
- \* I (we) agree to any security light agreement in place to an existing cooperative service.
- \* I understand that Tri-County Electric Cooperative may conduct an identity and soft credit check in compliance with the Red Flag Rules mandated by Federal FACT Act 2003, 16 C.F.R. 681. I understand that all information is confidential and will not affect my credit score in any way.

PLEASE VERIFY AND CORRECT LISTED NAME AND ADDRESS

\* Required Information

(1) \*911 Service Address if different than the mailing address listed at left:

\_\_\_\_\_ Street or Rural 911 Address \_\_\_\_\_ City /State

(2) \*School District \_\_\_\_\_ ISD# \_\_\_\_\_

(3) \*Previous Electric Utility: \_\_\_\_\_ (4) \*Previous Address: \_\_\_\_\_  
Street or Rural Address \_\_\_\_\_ City /State

(5) \*Home Phone #: (\_\_\_\_) \_\_\_\_\_ (6) Mobile #: \*(\_\_\_\_) \_\_\_\_\_ (7) Work #: (\_\_\_\_) \_\_\_\_\_  
Indicate if no home phone and mobile is primary contact #

(8) E-Mail Address: \_\_\_\_\_ (9) \*Drivers License # / State \_\_\_\_\_ / \_\_\_\_\_  
State

(10) Fax #: (\_\_\_\_) \_\_\_\_\_ (11) Employer: \_\_\_\_\_ (12) \*Social Sec. #: \_\_\_\_\_

(13) \* If no home or mobile phone is listed above, indicate an emergency number where you may be contacted: (\_\_\_\_) \_\_\_\_\_

(14) \*Joint Name Mobile #: (\_\_\_\_) \_\_\_\_\_ (15) Joint Name Work #: (\_\_\_\_) \_\_\_\_\_ (16) Joint Name Employer: \_\_\_\_\_

(17) \*Joint Name Drivers License # /State \_\_\_\_\_ / \_\_\_\_\_ (18) \*Joint Name Social Sec. #: \_\_\_\_\_  
State

(19) \* \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Nearest Relative Not Living With You Relationship City /State Phone

(20) \* List names of other adults (18 years of age or older) living at this location: \_\_\_\_\_

(21) \*( ) Own ( ) Rent If renting or leasing, Property Owner's Name: \_\_\_\_\_  
Street City State (\_\_\_\_) Phone

(22) \_\_\_\_\_ Yes, I (we) would like to participate in Operation Round Up

Both signatures are required for a joint membership. (Only those whose names are on the account may receive account information.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\* Print Name \* Signature Date of Birth Date

(23) Race: \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ White \_\_\_ Other Race \_\_\_\_\_

(24) Ethnic Categories: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\* Print ( Joint ) Name \* ( Joint ) Signature Date of Birth Date

(25) Race: \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ White \_\_\_ Other Race \_\_\_\_\_

(26) Ethnic Categories: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino