



Application for Service

Residential Membership Agreement

Member Number: _____	Membership Type: Individual <input type="checkbox"/> Joint <input type="checkbox"/>
Entered by: _____	Date: _____

Member & Billing Information

Applicant	_____	_____	_____
	<i>Legal Name (First name, MI, Last name)</i>	<i>Date of Birth</i>	<i>Drivers License Number & State</i>
Joint Applicant	_____	_____	_____
	<i>Legal Name (First name, MI, Last name)</i>	<i>Date of Birth</i>	<i>Drivers License Number & State</i>
Mailing Address	_____	Primary Phone	_____
	<i>Street Address or PO Box and Unit #</i>	Cell Phone	_____
	_____	Email Address	_____
	<i>City State Zip Code</i>		

Service Location Information

Service Address	_____	Rent: <input type="checkbox"/>	Own: <input type="checkbox"/>
	<i>House # and Street</i>	<i>(check one)</i>	
Landlord Name	_____	Primary Phone	Cell Phone / Alternate Phone
Landlord Address	_____	Landlord Email	_____
	<i>Mailing Address</i>		

Other Adults Residing at Address

_____	_____	_____	_____
<i>Legal Name (First name, MI, Last name)</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Drivers License Number & State</i>
_____	_____	_____	_____
<i>Legal Name (First name, MI, Last name)</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Drivers License Number & State</i>

Other Individuals or Entities Who Can Receive You Account Information

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

Agreement

I agree to comply with Barrow Utilities and Electric Cooperative, Inc.'s Bylaws, any Rules and Regulations adopted pursuant thereto by the Board of Directors, and its tariffs. I agree to provide safe and unobstructed access to premises for Cooperative employees and to promptly pay all Cooperative bills and invoices by their listed due dates. I understand that my failure to comply can result in suspension of service and termination of membership. If anyone at this service location is using a life support system, please contact us at (907) 852-6166.

_____	_____	_____	_____
APPLICANT SIGNATURE	DATE	JOINT APPLICANT (if any)	DATE