



## APPLICATION FOR MEMBERSHIP AND SERVICE

The undersigned (whether singular or plural, herein called "Applicant") hereby applies for membership in, and to receive electric service from, the Cooperative, and for that purpose agrees as follows:

- 1 To receive and purchase from the Cooperative all central station electric service to be purchased for use at premises owned, leased as lessor or lessee, occupied or used by the applicant at Cooperative location: \_\_\_\_\_
- 2 Comply with and be bound by the Cooperative's Articles of Incorporation, Bylaws, consumer classifications, rates, charges and service rules and regulations, both as the same now exist or may hereafter be adopted, rescinded, amended or supplemented;
- 3 Upon request of the Cooperative, based upon reasonable terms and conditions, to grant to the Cooperative one or more right-of-way easements for extending and furnishing service to the Applicant or any other Cooperative member, or for any other need of the Cooperative in constructing, operating and maintaining its electric system; and
- 4 To authorize the Cooperative, in the Applicant's name and for periodic circulation to the Applicant to subscribe to the Cooperative's monthly publication, the annual subscription rate being \$6.00, with subscription costs to be deducted from funds in the same manner as would any other operating expense of the Cooperative.

IN WITNESS WHEREOF, the applicant hereby executes this application on or as of

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Signature of spouse if joint membership  
Or signature of officer & title if Corporation

Witness: \_\_\_\_\_

**(Continued on Page 2)**

# APPLICANT INFORMATION

Type or Print Applicant Name(s): \_\_\_\_\_

P.O. Box; Street; or 911 Address: \_\_\_\_\_

City, State, & Zip plus 4: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

May we contact at work:  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Federal ID #: \_\_\_\_\_

If billing and other account correspondence is to be sent to an address other than listed above, please list it here:  
\_\_\_\_\_

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

Do you own the property where electric service is requested? \_\_\_\_\_

If not, list owner's name: \_\_\_\_\_

And address: \_\_\_\_\_

Name (of person) service is or was last under: \_\_\_\_\_

Have you ever received electric service from Dakota Energy, Beadle Electric or Ree Electric Cooperative before?  Yes  No If yes, which cooperative? \_\_\_\_\_

<p>The following data is needed for federal reporting purposes, however, completion is voluntary.</p> <p>Check one of the following: (Ethnic Origin)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p>Check if any of the following are applicable:</p> <p><input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual</p>
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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. \_\_\_\_\_  
(Initial)