



Chariton Valley Electric Cooperative, Inc.

Your Touchstone Energy® Partner



Application for Membership and Electric Service

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from CHARITON VALLEY ELECTRIC COOPERATIVE, INC., (hereinafter called the "Cooperative"), upon the following terms and conditions.

- The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises and will pay therefore monthly at rates to be determined from time to time in accordance with the Bylaws of the Cooperative; provided, however, the Cooperative may limit the amount of electric energy to be furnished for industrial uses. The Applicant will pay a minimum bill per month as determined by the appropriate rate schedule.
- The Applicant agrees to deposit with the Cooperative such consumer's deposits as is required by the Rules and Regulations of the Cooperative; and that any portion of said deposit not applied to the payment of bills due the Cooperative shall be refunded to the Applicant upon termination of service.
- The Applicant will comply with and be bound by the provisions of the charter and bylaws of the Cooperative and such rules and regulations as may from time to time be adopted.
- The Applicant assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his private property is exempt from the execution for any such debts or liabilities.
- The acceptance of this application by Cooperative shall:
 - Constitute a contract for electric service between Applicant and Cooperative.
 - Constitute an acceptance of Applicant to membership in Cooperative with such right and liabilities as are specified in the By-Laws of the Cooperative, provided however, that said membership shall terminate when Applicant ceases to purchase electric energy from Cooperative at the service connection designated herein.

Name

Member Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Phone Number: _____
Home Primary Cell Secondary Cell

Social Security Number: _____ Date of Birth: _____

Employer: _____
Name Address Phone

Relative Name & Address: _____
Name Address

Co-Member Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Phone Number: _____
Home Primary Cell Secondary Cell

Employer: _____
Name Address Phone

Service Address : _____

Own _____ Rent _____
Landlord's Name

The following question is optional and is related to CVEC's receipt of federal loan assistance. Do you consider yourself to have racial or ethnic minority status? _____ Yes _____ No Of which class? _____

Account #:

X _____ **X** _____ **Date:** _____

Member Signature

Co-Member Signature

BOTH SIGNATURES REQUIRED FOR JOINT MEMBERSHIP

MAIL OR FAX TO:
P.O. Box 486
Albia, Iowa 52531
Phone: 641.932.7126 or 800.475.1702
FAX: 641.932.2534