CONSOLIDATED ELECTRIC COOPERATIVE

3940 E LIBERTY • P O BOX 540 • MEXICO, MO 65265 573-581-3630 • 1-800-621-0091

Application for Membership – Electric Service Contract

Applicant Name				Married	Single
(Please print)	First	Middle Initial	Last		
Service Address _	Street and box		City	C+	tate Zip
Billing Address _			·	51	
	Street and box		City		tate Zip
			_ Date of Birth (must be		6)
			_ Secondary Phone #		
Additional Phone #			_ E-Mail Address		
Employer			_ Employer Phone #		
Spouse or Co-App	licant's Name	First	Middle Initial	Las	
Social Sec #			_ Date of Birth (must be a		
Primary Phone #			Secondary Phone #		
Additional Phone #			eMail Address		
Employer			Employer Phone		
			? If yes, plea	ise provide th	e Name & Phone
Number of the prop	erty owner and leas	e agreement if	applicable:		
Type of Service (Ex Signature of App	x: home, barn, grain blicant	bins, weekend	place, etc.)	Date	
Signature of Co-Applicant				Date	
NOTE: Please attach	a copy of a Governmer	nt issued, photo I.l	D. (preferably a driver's licen	se) for Applica	nt & Co-Applicant(s)
•	te of				
On this	day of onally appeared		in the year and	, before n	ne, the undersigned, known
			scribed to the within ins in contained. In witness	strument and	acknowledged that
SEAL:			Notary Public		
			Note	пу гионс	
	Amount Paid	Date Rec'd			
Membership Fee	\$25.00		Effective Date of Service	e	
Consumer Deposit Energy Guarantee Line Deposit (203)	To be determine	d	Office Personnel Initial Date Received		
Breaker Box			Date Received		