

# 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 State Zip

Billing Address \_\_\_\_\_  
Street and box City State Zip

Social Sec # \_\_\_\_\_ Date of Birth (**must be at least age 18**) \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Additional Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone # \_\_\_\_\_

**Spouse or Co-Applicant's Name** \_\_\_\_\_  
First Middle Initial Last

Social Sec # \_\_\_\_\_ Date of Birth (**must be at least age 18**) \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Additional Phone # \_\_\_\_\_ eMail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Are you renting the property where service is required? \_\_\_\_\_ If yes, please provide the Name & Phone

Number of the property owner and lease agreement if applicable: \_\_\_\_\_

Name & Phone Number of nearest relative NOT living with you \_\_\_\_\_

Type of Service (Ex: home, barn, grain bins, weekend place, etc.) \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Co-Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Please attach a copy of a Government issued, photo I.D. (preferably a driver's license) for Applicant & Co-Applicant(s)

**Notary:** State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ and \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

**SEAL:** \_\_\_\_\_  
Notary Public

	<u>Amount Paid</u>	<u>Date Rec'd</u>	
Membership Fee	\$25.00	_____	Effective Date of Service _____
Consumer Deposit	_____	_____	Office Personnel Initial _____
Energy Guarantee	To be determined	_____	Date Received _____
Line Deposit (203)	_____	_____	
Breaker Box	_____	_____	