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

- -

	Amount Paid	Date Rec'd
Membership Fee	$25.00	________
Consumer Deposit	________	________
Energy Guarantee	To be determined	________
Line Deposit (203)	________	________
Breaker Box	________	________

Effective Date of Service ______________

Office Personnel Initial ______________
Date Received ______________