## ADAMS RURAL ELECTRIC COOPERATIVE, INC.

## **MEMBERSHIP APPLICATION**

The undersigned, hereinafter called the "Applicant", hereby applies for membership in and agrees to purchase electric energy from Adams Rural Electric Cooperative, Inc. hereinafter called the "Cooperative" upon the following terms and conditions.

- The Applicant will pay the Cooperative the sum of \$15.00, which will constitute the Applicants' membership fee.
- The Applicant will purchase all the electric energy used on the premise described below, and will pay the monthly rates of the Cooperative. The Applicant will pay at least the minimum monthly charge per the current rate schedule.
- The Applicant will provide a valid right of way easement, up to forty (40) feet wide, at no cost to the Cooperative, allowing the Cooperative access to serve the Applicant and other members. The Cooperative shall be granted the right to perform necessary maintenance or upgrading to power lines or right of way and allowed access for meter reading purposes.
- The Applicant will cause their service location to be wired in accordance with approved wiring specifications. The responsibility of the Cooperative shall not extend beyond the point at which its service wires are attached to the meter. The Cooperative shall not be responsible for the wiring of the Premises and any appliance or other apparatus connected thereto.
- The Applicant will comply with and be bound by the provisions of the Articles of Incorporation and Code of Regulations of the Cooperative, and all amendments and additions thereto.

This application shall constitute an agreement between the Applicant and the Cooperative, and shall continue in force until cancelled by either party.

"This institution is an equal opportunity provider and employer."

Please Print Name or D.B.A.  Service Address  Billing Address  City/State/Zip Code  Employer  E-mail Address  For Office Use Only Account Number  Member Number  Date of Birth  Billing Address  E-mail Address  Amount	Applicants Signature (Must sign	before a Notary Public, See back of for	Social Security Nu	umber/FIN
City/State/Zip Code  Employer  E-mail Address  For Office Use Only	Please Print Name or D.B.A.		Phone Number	Date of Birth
Employer E-mail Address  For Office Use Only	Service Address		City/State/Zip Code	
For Office Use Only	City/State/Zip Code			
·	Employer	·		
·				
Account Number Denogit Paguired* Amount	·			
Account Number Deposit Required. Amount	Account Number	Member Number	Deposit Required*	Amount
Verified Photo ID Drivers License Number	Verified Photo ID	Drivers License Number		
	Cooperative Employee	Da	ate	

Complete and sign Membership Application before a Notary Public and return along with the \$15.00
Membership Fee; any necessary Security Deposit and/or Reconnect fees; and a copy of your Photo I.D.;
to Adams Rural Electric Cooperative, Inc., P.O. Box 247, West Union, OH 45693.

STATE OF)  COUNTY OF)	S	(Notary Seal)
BE IT REMEMBERED, that on this	day of	, 20 before me, the subscriber, a
Notary Public in and for said County, personal Membership Applicant, who has satisfactorily document; and acknowledged that the signing	identified him/herself as the	e signer of the above referenced
WITNESS my hand and official seal on the da	ny and year last aforesaid.	
	Commission Expires:	
(Notary Public)		(Date)

This instrument was prepared by Adams Rural Electric Cooperative, Inc.