Missoula Electric Cooperative Inc.
Your Touchstone Energy® Cooperative

1700 W. Broadway
Missoula, MT 59808
406/541-4433
FAX: 406/541-6318
1-800-352-5200

MEMBERSHIP APPLICATION

MEMBER NAME _____
(First) (M.I.) (Last)

Mailing Address_____

Telephone _____ **Cell Ph** _____ Have you been served by MEC before? _____

Social Security # _____ Date of Birth _____

Employer _____ Work Phone _____

Employer Address _____
City ST Zip

Service Address _____ AREA_____

CO-CUSTOMER NAME _____
(First) (M.I.) (Last)

Social Security # _____ Date of Birth _____

Employer _____ Work Phone _____

Employer Address _____
City ST Zip

OTHER CONTACT (Name of relative/friend not living at the above address)

Name _____ Phone _____

Address _____

City _____ ST _____ ZIP _____

The undersigned hereby applies for membership in Missoula Electric Cooperative, Inc and agrees to comply by the Articles of corporation, the Cooperative By-Laws-its articles and sections, policies, rules and/or regulations and rates adopted by the Cooperative and its Board of Trustees.

The undersigned agrees and grants authorized cooperative personnel the right to enter his/her premises at all reasonable times to read meters, to construct, retire, relocate, replace, operate and maintain cooperative property and equipment. Also, to cut/trim trees and shrubbery to the extent necessary to keep them clear of said Cooperative property. This includes, when necessary, to cut down dead, weak, leaning trees that may endanger Cooperative property.

_____

Member Signature **Date**

_____

Co-Customer Signature **Date**

Own _____ Rent _____

Landlord Name: _____

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Service Types(s):

Single Family _____
Mobile _____
Multi Family _____
Commercial _____
Well _____
Irrigation _____
Out Building _____
Other _____

Primary and/or Secondary Heating:

Electric _____
Gas _____
Propane _____
Wood _____
Other _____

Water Heating:

Electric _____
Gas _____
Propane _____
Oil _____

OFFICE USE ONLY

Circle One:
NEW
EXISTING

	Pending	Received
Deposit	_____	_____
Agreement Rcvd	_____	_____

RED FLAG RULE
VERIFIED ID:
_____ **MEMBERS INITIALS:** _____

LOC#_____
METER #_____
MEMBER#_____
WO#_____
Initials_____EFF _____