



MISSOULA ELECTRIC COOPERATIVE
MEMBERSHIP APPLICATION

The undersigned hereby applies for membership in the 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.

Should you discontinue service from Missoula Electric Cooperative and change your present address, you should notify the Cooperative of any address changes, as there may be future correspondence relative to the final disposition of these capital credits.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

| | |
|---------------------------------|----------------------------|
| APPLICANT NAME: _____ | SSN / TAX ID: _____ |
| PRESENT EMPLOYER: _____ | BIRTH DATE: _____ |
| HOME PHONE: _____ | WORK PHONE: _____ |
| MOBILE PHONE: _____ | |
| CO-APPLICANT NAME: _____ | SOC SEC NBR: _____ |
| PRESENT EMPLOYER: _____ | BIRTH DATE: _____ |
| HOME PHONE: _____ | WORK PHONE: _____ |
| MOBILE PHONE: _____ | |

| | |
|-------------------------------|-------------------------------|
| BILLING ADDRESS: _____ | SERVICE ADDRESS: _____ |
| _____ | _____ |
| _____ | _____ |

HAVE YOU EVER BEEN SERVED BY MEC BEFORE? _____ **IF SO, WHEN?** _____

METER #: _____ **RENT / OWN** _____ **LANDLORD NAME:** _____

| <u>Service Type(s)</u> | | <u>Primary and/or Secondary Heating</u> | | <u>Water Heating</u> | |
|------------------------|------------------|---|-----------------|----------------------|---------------|
| Single Family _____ | Irrigation _____ | Elec Furnace _____ | Propane _____ | Electric _____ | Propane _____ |
| Mobile _____ | Garage _____ | Elec Baseboard _____ | Wood _____ | Gas _____ | Oil _____ |
| Multi Family _____ | Modular _____ | Elec Radiant _____ | Heat Pump _____ | | |
| Commercial _____ | Other _____ | Gas _____ | Other _____ | | |
| Well _____ | | | | | |

FOR OFFICE USE ONLY

DEP AMT: _____ **MEM NBR:** _____

| | | |
|-------------------------------|-------------------------------|------------------------|
| ACCOUNT: _____ | SRV LOC NBR: _____ | N/E |
| SRV MAP LOC: _____ | SO WIN: _____ | |
| RED FLAG RULE | APP TAKEN BY: _____ | EFF DATE: _____ |
| VERIFIED ID: MEC _____ | MEMBER INITIALS: _____ | |