



## Application for Service

The undersigned (hereinafter referred to as "Applicant") applies for electric service from Northern Electric Cooperative Inc., (hereinafter referred to as "Cooperative") at Location No. \_\_\_\_\_

\_\_\_\_\_ Quarter of Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_,

or in the City (Town) of \_\_\_\_\_, County of \_\_\_\_\_, State of South Dakota, now therefore, it is AGREED AND UNDERSTOOD BY THE APPLICANT AS FOLLOWS:

1. That the applicant shall purchase electric energy from the Cooperative after it becomes available.
2. That the applicant will comply with and be bound by the Articles of Incorporation, Bylaws, rules, regulations, general terms and conditions as adopted by the Cooperative. The applicant further grants to the Cooperative a first lien and security interest on all patronage capital standing on the Cooperative's books for all indebtedness whether liquidated or unliquidated that the applicant may have now or in the future to the Cooperative. The Cooperative, before retiring any capital credit to any applicant's account, may deduct therefrom any amount owing by such patron to the Cooperative.
3. That by this application and request for electric service or by the continuation of his/her present service a joint membership is created between the Applicant and his/her spouse.
4. That all capital credits shall be owned and possessed by the Applicant; but, in the event of the Applicant's death they shall be vested in the name of the Applicant's spouse.
5. That as joint members the Applicant and his/her spouse are entitled to but one vote in the business of the Cooperative and acknowledge the other conditions of membership, such as: Joint waiver, notice, expulsion, withdrawal and qualifications for office as set forth in Article I, Section 3 of the Bylaws.
6. That membership in the Cooperative shall be terminated if the Applicant refuses to take service or has ceased to purchase energy from the Cooperative at any time.

### PRIMARY MEMBER

Name: (include middle initial) \_\_\_\_\_

Birth Date: (MM/DD/YYYY) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we contact you at work?      No      Yes

Email: \_\_\_\_\_

Do you have a medical condition that would be affected by a power outage?      No      Yes

If yes, explain: \_\_\_\_\_

Racial and Ethnic Data: (Providing this data is voluntary and collected for Federal Government reporting purposes only.)

(check one) \_\_\_\_\_ American Indian or Alaska Native, \_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American,

\_\_\_\_\_ Native Hawaiian or Other, \_\_\_\_\_ White, \_\_\_\_\_ Hispanic or Latino, \_\_\_\_\_ Other

Check if any of the following are applicable: \_\_\_\_\_ Military Veteran      \_\_\_\_\_ Active Duty

**CO-MEMBER**

Name: (include middle initial) \_\_\_\_\_

Birth Date: (MM/DD/YYYY) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we contact you at work?      No      Yes

Email: \_\_\_\_\_

Do you have a medical condition that would be affected by a power outage?      No      Yes

If yes, explain: \_\_\_\_\_

Racial and Ethnic Data: (Providing this data is voluntary and collected for Federal Government reporting purposes only.)

(check one) \_\_\_\_\_ American Indian or Alaska Native, \_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American,  
\_\_\_\_\_ Native Hawaiian or Other, \_\_\_\_\_ White, \_\_\_\_\_ Hispanic or Latino, \_\_\_\_\_ Other

Check if any of the following are applicable: \_\_\_\_\_ Military Veteran      \_\_\_\_\_ Active Duty

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Co-Member Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Mailing Address (Street or PO Box)

\_\_\_\_\_  
City, State and Zip Code

NOTE: This application must be signed either prior or within 30 days after receiving electric service as a condition for continuing such service.

This institution is an equal opportunity provider and employer.