

# Morgan County Rural Electric Association

## APPLICATION FOR BUSINESS MEMBERSHIP / ELECTRIC SERVICE

<b>APPLICANT NAME:</b> Company Name: _____ Mailing Address: _____ City _____ State _____ Zip _____ Location Address: _____ Business Phone #1: _____ Business Phone #2: _____ Cell Phone: _____ Email Address: _____ Tax ID Number _____ TAXABLE _____ NON TAXABLE _____	<b>CONTACT PERSON</b> _____ Mailing Address: _____ City _____ State _____ Zip _____ Business Phone _____ Home Phone _____ <div style="text-align: center; margin-top: 10px;">                     You Are the (Check One)                      Owner ( <input type="checkbox"/> )    Tenant ( <input type="checkbox"/> )                 </div> Landlord's Name: _____ Phone: _____ Address: _____
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**\$5.00 MEMBERSHIP FEE-DEPOSIT OR LETTER OF CREDIT FROM ELECTRIC SUPPLIER-COPY OF VALID PHOTO ID-ANY OTHER FORMS REQUIRED BY ENGINEERING FOR NEW SERVICES**

The undersigned hereinafter called the "Applicant" hereby applies for membership in and agrees to purchase electric energy from Morgan County Rural Electric Association hereinafter called the "Cooperative". The membership fee is \$5.00 and is a non-refundable charge to process the membership application. Only one membership certificate shall be issued to a member, regardless of the number of service connections such member may request or have.

1. The Applicant shall pay the Cooperative for service hereunder at the rates and upon the terms and conditions set forth in the Rate Schedule as filed with the Public Utilities Commission of the State of Colorado, and as the same may be revised from time to time in accordance with the rules of said Commission, and the Articles of Incorporation, the Bylaws, and the Rules and Regulations of the Cooperative.
2. The Applicant confirms that Applicant received a copy of the Cooperative's by-laws and will comply with and be bound by the provisions of the charter and by-laws of the Cooperative, and such rules and regulations as may, from time to time, be adopted by the Cooperative.
3. Applicant by paying a membership fee and becoming a member assumes no personal liability or responsibility for any debts or liabilities of the Cooperative.
4. Applicant agrees to grant the necessary easements and rights-of-way over Applicant's property, free of charge, and will cooperate in the location of necessary technological or electric lines, poles, structures, equipment, and apparatus. 'Necessary easement and rights-of-way' means any and all easements and rights-of-way reasonably required to serve any member of the cooperative, regardless of whether the technological or electric lines, poles, structures, equipment, and apparatus located and constructed within any such easements and rights-of-way serve the Applicant
5. In order that patronage capital which has been retired, and for which payment has been approved, may be paid in a prompt and orderly fashion, it is understood and agreed that it is essential that the Cooperative be kept informed of any change of address of those for whom patronage capital has been allocated. If the Cooperative shall not be kept so informed by Applicant, or heir, successor or assign, then it is agreed that any of Applicant's patronage capital remaining unpaid or unretired because the whereabouts of the Applicant or person entitled to claim the same are unknown to the Cooperative on the third anniversary of the day a negotiable instrument was issued to retire said patronage capital, shall be conclusively deemed to have been surrendered and contributed to the Cooperative to be used or applied or expended by the Cooperative for any lawful purpose.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and a contract for electric service, and shall continue in force from the date the service is made available to the Applicant and until Applicant's membership in the Cooperative is terminated.

APPLICANT _____ By _____ Date _____ Witness _____ Membership Number _____	APPLICANT _____ By _____ Date _____ Deposit Amount \$ _____
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<b>Emergency Contact Other Than Applicant Or Field Contact:</b> Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Cell Phone _____
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