

APPLICATION FOR SERVICE

RICH MOUNTAIN ELECTRIC COOP., INC., PO BOX 897, MENA, AR 71953

The bylaws of Rich Mountain Electric Coop., Inc. require any person, firm, association, corporation, or body politic or subdivision to be a member of Rich Mountain Electric Coop., Inc. by making a written application for membership therein, to purchase electric energy. A husband and wife may apply for joint membership, which constitutes one [1] membership.

Applicant's Name [s] _____ E-Mail _____
 _____ E-Mail _____

Applicant's SS# [s] _____ Applicant's DL # [s] _____

Mailing Address _____
 City _____ St _____ Zip _____

Applicant's Phone # _____ Business Phone # _____

Place of Employment _____

Have you ever been a member or received service from Rich Mountain Electric Coop., Inc.? Yes No

If so, when? _____ Under what name? _____

Your former address _____ City _____ State _____

SERVICE INFORMATION

Service Address _____ City _____ State _____ Own Rent

If renting, list name and address of landlord _____

Date of Request _____ Date Service Desired _____

Class of Service Residential Other _____ Voltage Supplied: 120/240 Other

A special program is available to the members who qualify as elderly [at least 65 years old] or handicapped [as defined by Arkansas Public Service Commission Rules].

Do you wish to be considered elderly? Yes No

Do you wish to be considered handicapped? Yes No

Applicant's signing this Application for Service, understand that they are jointly and individually liable for the payment of the cost of services from this Cooperative. Applicant also agrees that up to \$7.00 of the profits accruing to him (her) each year will be used to pay for a subscription to Rural Arkansas Magazine.

Security Lite: Yes _____ No _____ Please Initial

_____, Date _____ Applicant's Signature _____ Date _____
 _____ Co-Applicant's Signature

*IMPORTANT: Application signatures must be notarized if submitted by mail. Also, a copy of your driver's license and social security cards are required.

NOTARY INFORMATION: State Of: _____ County Of: _____

On this _____ day of _____, 20____ before me personally appeared _____ and

_____ his wife, to me known to be the persons described in and who executed the foregoing instrument and

acknowledge that they executed the same as their free act and deed. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in _____ the day and year first above written.

Notary Signature _____

My Commission Expires _____, 20____.

For Official Office Use Only: Acct# _____		Paid _____	Charged _____	Already Mem _____	Good Credit/ 3rdPrty _____
CC# _____	Membership _____	_____	_____	_____	_____
Code _____	Connect _____	_____	_____	_____	_____
SSN's <input type="checkbox"/>	Copy of DL#'s <input type="checkbox"/>	Deposit _____	_____	_____	_____
Packet <input type="checkbox"/>	UA checked <input type="checkbox"/>	Availability of Svc: _____	Date Svc Provided: _____		

Reason for delay or deferred: _____ Solicited by: _____