

POWELL VALLEY ELECTRIC COOPERATIVE

RESIDENTIAL MEMBERSHIP

Circle Selection:

Start Date of Service: _____

Marital Status:

Single
Married
Divorced
Separated
Widow (er)

Type of Dwelling:

Apartment
House
Mobile Home
Temp /New Construction
Camper
Houseboat

Electric Service Address:

Member #: _____ (To be issued by PVEC)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone # _____ Work Telephone # _____

Cell Phone # _____ Other Phone # _____

Social Security # _____ Birth Date _____

Driver's License # _____ Issuing State _____

Employer/ Title _____

E-mail Address _____

Spouse's Name _____ Cell Phone # _____

Spouse's Social Security # _____ Spouse's Birth Date _____

Spouse's Driver's License # _____ Issuing State _____

Spouse's Employer/Title _____

Spouse's E-mail Address _____

The applicant agrees to the terms and conditions as stated in the By-laws of the Cooperative which are in affect at the present time and which may change from time to time as adopted by the Cooperative.

Each party, by affixing his/her signature below agrees to the above stated terms and conditions and agrees to accept full responsibility for the electric bill for this account.

Date Signature Member

PVEC Employee Signature Spouse

Are you interested in your bill being automatically drafted? _____ Yes _____ No

Would you like to be set up with voice, email or text alerts for your account? ____ Yes ____ No
CELL PHONE PROVIDER _____

CONSENT FOR COMMUNICATION REGARDING TERMINATION

Member # _____

I understand that Powell Valley Electric's policy regarding termination for non-pay is to note the disconnect date on the customer's electric bill and phone the customer before terminating service for non-pay.

In the event that any of my accounts are on the termination list for non-pay, I elect and consent to the following communication before termination of electric service: *(check and complete all that apply)*

_____ Call me on the following phone number _____.

_____ Call me on this alternate phone number if no answer on the above phone # _____.

_____ Leave a voice message if you cannot get in touch with me.

_____ Text me on the following phone number _____.
Cellphone carrier _____

_____ E-mail me at the following e-mail address _____.

I agree to promptly notify PVEC of any change in above contact phone numbers or email addresses.

Member Signature _____
Date

PVEC Employee _____
Date