

# **APPLICATION FOR MEMBERSHIP ATCHISON-HOLT ELECTRIC COOPERATIVE**

The undersigned (hereinafter called the "Applicant") hereby applies for membership and agrees to purchase electric energy from the Atchison-Holt Electric Cooperative (hereinafter called the "Cooperative") upon the following terms and conditions.

1. The Applicant will pay to the Cooperative the sum of **\$25.00** which will constitute the Applicant's membership fee and entitle the Applicant to electric service. Membership Fee will be applied to the Applicant's final bill upon disconnection.
2. The Applicant will, when electric service becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly at rates that may be adopted from time to time by the Board of Directors of the Cooperative.
3. The Applicant certifies that the type of service marked is the predominant use of electricity. If energy purchased results in a sales tax liability due to use other than stated, the Applicant assumes responsibility for remitting such tax due directly to the Director, Missouri Department of Revenue.  
 RESIDENTAL\_\_\_ FARM BUILDINGS/BINS\_\_\_ COMMERCIAL\_\_\_ IRRIGATION\_\_\_  
 OTHER, Specify\_\_\_\_\_
4. The applicant will comply with and be bound by the provisions of the Articles of Incorporation and By-Laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative. The Applicant will cause his premises to be wired in accordance with the National Electric Code, National Electric Safety Code and any wiring specifications approved by the Cooperative.
5. The Applicant will grant the Cooperative, without charge, a perpetual right of way easement on and across the premises of the Applicant. The Applicant grants permission to the Cooperative, to spray, cut or trim any trees or brush under or near the electric distribution line.

**Please Select One**

**Deposit:** \_\_\_\_\_

**Letter of Credit Provided**

<p>_____ <b>Applicant</b></p> <p>_____ <b>Social Security Number/ Federal ID#</b></p> <p>_____ <b>Date of Birth</b></p> <p>_____ <b>Signature of Applicant</b></p>	<p>_____ <b>Co-Applicant</b></p> <p>_____ <b>Social Security Number/ Federal ID#</b></p> <p>_____ <b>Date of Birth</b></p> <p>_____ <b>Signature of Co-Applicant</b></p>
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\_\_\_\_\_  
**Physical Address of Service(s)**

\_\_\_\_\_  
**Map Location of Service(s)**

\_\_\_\_\_  
**Start of Service Date**

\_\_\_\_\_  
**Mailing Street Address**

\_\_\_\_\_  
**Telephone #**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Email Address**

**DATA COLLECTION INFORMATION**  
**NEW PATRONS**

As a participant in a Federal utilities financing program, the Atchison-Holt Electric Cooperative is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate your checking the appropriate group listed below and returning this form to us within 2 weeks.

Please note, your response is optional. The information you provide will be used only for **FEDERAL GOVERNMENT REPORTING PURPOSES.**

Should you have any questions, you may contact: 660-744-5344

Thank you for your cooperation in this matter.

YOUR NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RACIAL/ETHNIC GROUP:**

- A. American Indian or Alaska Native \_\_\_\_\_
- B. Asian \_\_\_\_\_
- C. Black or African American \_\_\_\_\_
- D. Native Hawaiian or Another Pacific Islander \_\_\_\_\_
- E. White \_\_\_\_\_
- F. Hispanic or Latino \_\_\_\_\_
- G. Not Hispanic or Latino \_\_\_\_\_

**Please return this form to: ATCHISON-HOLT ELECTRIC COOPERATIVE**  
**P. O. BOX # 160**  
**ROCK PORT MO 64482**