

**APPLICATION FOR MEMBERSHIP**

The undersigned (hereinafter called the "Applicant(s)") hereby applies for membership in, and agrees to purchase electric energy from Oneida-Madison Electric Cooperative, Inc. (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. The Applicant(s) will pay to the Cooperative the sum of \$10.00, which if this application is accepted by the Cooperative, will constitute the Applicant(s) membership fee.
2. The Applicant(s) will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly at rates to be determined from time to time in accordance with the By-Laws of the Cooperative; provided, however, that the Cooperative may limit the amount of electric energy which it shall be required to furnish to the Applicant(s). The Applicant(s) will pay a monthly minimum bill of such amount as may be established by the Board of Directors of the Cooperative regardless of the number of kilowatt hours consumed.
3. The Applicant(s) will cause his or her premises to be wired in accordance with the National Electrical Code and inspected by a Cooperative approved inspection agency.
4. The Applicant(s) will comply with and be bound by the provisions of the Articles of Incorporation, the Articles of Conversion, and By-Laws of the Cooperative, and such Rules and Regulations as may from time to time be adopted by the Cooperative.
5. The Applicant(s), by paying a membership fee and becoming a member, assumes no liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his or her private property is exempt from execution for any such debts or liabilities.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant(s) and the Cooperative, and the contract for electric service shall continue in force for at least one (1) year from the date service is made available by the Cooperative to the Applicant(s).

\_\_\_\_\_  
**Applicant or Corporate name – Print**

\_\_\_\_\_  
**Joint Applicant or Officer – Print**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Joint Applicant or Officer Signature

\_\_\_\_\_  
 Applicant or Corporate Phone Number(s)

\_\_\_\_\_  
 Joint Applicant or Officer Phone Number(s)

\_\_\_\_\_  
 Applicant Social Security Number or  
 Corporate Federal Identification Number

\_\_\_\_\_  
 Joint Applicant Social Security Number

Check one for preferred method to receive bill:

Mail or  Email

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

I have been provided with the Cooperative Rules and Regulations, By-Laws, Designation of Third Party Service Discontinuance Notices form, and Full Nondiscrimination Statement. Please initial\_\_\_\_

\_\_\_\_\_  
**Mailing Address - city, state, zip code**

\_\_\_\_\_  
 Applicant's Email Address

Date of Application: \_\_\_\_\_