

PIONEER ELECTRIC COOPERATIVE, INC. MEMBERSHIP APPLICATION - INDIVIDUAL

Full Name	
Billing Address	
City, State, Zip	
Phone Number	
Phone Number (Cell)	
Email Address	
SSN	
Drivers License #	
Spouse Name	
Spouse Phone #	
Spouse SSN	
Next of kin/contact #	

BILLING OPTIONS: SMART PAY INVOICE BILLING
TYPE OF SERVICE: HOUSE MOBILE HOME
 HUNTING CABIN/SEASONAL YARD LIGHT OTHER (SPECIFY) _____

IF TO BE OCCUPIED: FULL-TIME PART-TIME
WHO WAS LAST OCCUPANT? _____
NAME OF NEAREST NEIGHBOR? _____

E-911 ADDRESS:

BY SIGNING BELOW, I ATTEST THAT I HAVE READ AND UNDERSTAND THIS APPLICATION AND ITS ATTACHMENTS THIS _____ DAY OF _____, 20____.

_____ **APPLICANT***

_____ **SPOUSE***

_____ **WITNESS**

***IF SIGNED OUTSIDE OF COOP OFFICE, THE FORM MUST BE NOTARIZED – USE ATTACHED FORM**

***IF JOINT MEMBERSHIP, BOTH MUST PROVIDE ID AND HAVE SIGNATURES NOTARIZED**

-----**DO NOT WRITE BELOW THIS LINE**-----

A/C# _____ Deposit \$ _____
Member # _____

*****TO BE COMPLETED WITH, AND ATTACHED TO PAGE 2*****

PIONEER ELECTRIC COOPERATIVE, INC.
MEMBERSHIP APPLICATION

PAGE 2

(INITIAL EACH BOX)

BY SIGNING THIS AGREEMENT, I UNDERSTAND THAT I AM JOINING PIONEER ELECTRIC COOPERATIVE, INC., AND THAT AS A MEMBER OF THE COOPERATIVE I HAVE CERTAIN RIGHTS AND RESPONSIBILITIES. THE RIGHTS INCLUDE VOTING ON BYLAW CHANGES AND THE BOARD OF TRUSTEES. THE RESPONSIBILITIES INCLUDE FOLLOWING THE POLICIES AND BYLAWS OF THE COOPERATIVE, WHICH CAN BE FOUND ON THE COOPERATIVE'S WEB-SITE AT www.pioneerelectric.com.

I AGREE TO PAY FOR MY SERVICES IN A TIMELY MANNER, AND UNDERSTAND THAT FAILURE TO PAY WILL RESULT IN HAVING MY SERVICES TERMINATED. IN THE EVENT THAT MY SERVICES ARE TERMINATED, ADDITIONAL FEES AND DEPOSITS MAY BE REQUIRED TO HAVE MY SERVICES RESTORED.

I AGREE TO GRANT THE COOPERATIVE AN EASEMENT FOR POWER LINES FOR MY SERVICE, AS WELL AS FOR ADDITIONAL SERVICES THAT MIGHT BE LOCATED NEAR TO MY SERVICE. IN ADDITION, I AGREE TO ALLOW COOPERATIVE EMPLOYEES AND AGENTS TO COME UPON MY PROPERTY TO MAINTAIN AND RESTORE SERVICES. PART OF THAT MAINTENANCE MAY INCLUDE THE CUTTING OR SPRAYING OF BUSHES, SHRUBS AND TREES THAT MAY INTERFERE WITH POWER LINES.

I/WE AGREE, IN ORDER FOR PIONEER TO SERVICE MY/OUR ACCOUNT OR TO COLLECT MONIES I/WE MAY OWE, PIONEER ELECTRIC COOPERATIVE, INC., AND/OR ITS AGENTS MAY CONTACT ME/US BY TELEPHONE AT ANY TELEPHONE NUMBER ASSOCIATED WITH MY/OUR ACCOUNT, INCLUDING WIRELESS TELEPHONE NUMBERS, WHICH COULD RESULT IN CHARGES TO ME/US. PIONEER MAY ALSO CONTACT ME/US BY SENDING TEXT MESSAGES OR EMAILS, USING ANY EMAIL ADDRESS I/WE PROVIDE TO PIONEER. METHODS OF CONTACT MAY INCLUDE USING PRE-RECORDED/ARTIFICIAL VOICE MESSAGES AND/OR USE OF AUTOMATIC DIALING DEVICE, AS APPLICABLE. I/WE HAVE READ THIS DISCLOSURE AND AGREE THAT PIONEER ELECTRIC COOPERATIVE, INC., ITS EMPLOYEES AND/OR AGENTS MAY CONTACT ME/US AS DESCRIBED ABOVE.

I HEREBY ACKNOWLEDGE AND ATTEST THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

GREENVILLE OFFICE
P.O. Box 468
GREENVILLE, AL 36037
334-382-6636
800-239-3092

SELMA OFFICE
P.O. Box 40
SARDIS, AL 36775
334-875-2223
800-933-7732

STATE OF _____
COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said County, in said State, do hereby certify that _____ whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this ____ day of _____, ____.

.....
Notary Public

STATE OF _____
COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said County, in said State, do hereby certify that _____ whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this ____ day of _____, ____.

.....
Notary Public