

APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

Membership # \_\_\_\_\_

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

- 1. The Applicant shall pay a deposit as determined by present rules and regulations of the Cooperative and shall pay a membership fee in order to become a member of the Cooperative.
2. The Applicant shall pay a connection charge for each new service or transfer of service.
3. The Applicant will comply and be bound by the provisions of the Certificate of Incorporation and the Bylaws of the Cooperative and such rules and regulations as may from time to time be adopted by the Cooperative.
4. The Applicant, by paying a membership fee and becoming a member assumes no personal liabilities or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property cannot be attached for any debts or liabilities of the Cooperative.
5. The Applicant, by becoming a member, will grant the Cooperative the right of easement for the construction, operation, maintenance, relocation of the Cooperative's facilities or to read, check or repair meters located on the member's property.
6. The Applicant, by becoming a member, will grant the Cooperative the right to cut, trim, and spray trees and shrubbery to the extent necessary, to keep them clear of Cooperative's electric lines or facilities and to cut down from time to time all dead, weak, leaning or dangerous trees that are tall enough to strike the Cooperative's electric lines in falling.
7. The Applicant hereby in signing this application agrees to the above stated terms and conditions and hereby acknowledges receipt of a copy of the Cooperative's bylaws and regulations which are in effect at the present time and which may change from time to time as adopted by the Cooperative.
8. A signed application for membership and payment of required deposit, membership fee and service fee is required before service is supplied by the Cooperative.
9. Applicant shall be responsible for all fees incurred to collect any bad debt.
10. I authorize the Cooperative to perform a credit check or obtain a credit report if necessary in its discretion and grant permission to any creditor, credit agency, collection agency or other individual or entity to release any credit information to the Cooperative.
11. The Applicant authorizes the Cooperative and its representatives to contact the Applicant by telephone at any telephone number associated with the debtor account, including wireless telephone numbers, which could result in charges to the debtor. The Cooperative and its representatives may also contact debtors by sending text messages or emails, using any email address provided to the Cooperative. Methods of contact may include using prerecorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. Debts may be referred to an agency for collection thirty-one days after the account becomes delinquent.

IN THE EVENT BOTH APPLICANTS NO LONGER RESIDE IN THE HOUSEHOLD, ANY MEMBERSHIP, DEPOSIT, AND/OR CREDITS ON ACCOUNT WILL BE ISSUED TO APPLICANT #1 LISTED.

Applicant #1

Spouse/Applicant #2

Signature \_\_\_\_\_
Print Name \_\_\_\_\_
SS # \_\_\_\_\_
License # \_\_\_\_\_
Cell # \_\_\_\_\_
Home # \_\_\_\_\_
Email # \_\_\_\_\_
Employer Name \_\_\_\_\_
Employer Telephone # \_\_\_\_\_

Signature \_\_\_\_\_
Print Name \_\_\_\_\_
SS # \_\_\_\_\_
License # \_\_\_\_\_
Cell # \_\_\_\_\_
Alt # \_\_\_\_\_
Email # \_\_\_\_\_
Employer Name \_\_\_\_\_
Employer Telephone # \_\_\_\_\_

Service Address \_\_\_\_\_
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_
(Street Address) (City) (State) (Zip)

Previous Address \_\_\_\_\_
(Street Address) (City) (State) (Zip)

Service Property is (check one): Owned [ ] Rented [ ]

Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

(Individuals other than yourself and not residing in the same household)

Emergency Contact 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job/Work Request# \_\_\_\_\_

Location # \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Membership \$ \_\_\_\_\_

INTERNAL USE ONLY
Connect \$ \_\_\_\_\_