

M V E C

MAGIC VALLEY ELECTRIC COOPERATIVE, INC.

P.O. Box 267

Mercedes, Texas 78570

Ph: 1-866-225-5683 Fax: (956) 565-0457

STANDARD APPLICATION FOR MEMBERSHIP

The undersigned (hereinafter called the Applicant) hereby applies for membership in the Magic Valley Electric Cooperative, (hereinafter called the Cooperative) upon in the following terms and conditions.

- * *The Applicant will pay to the Cooperative the sum of \$5.00 which, upon acceptance, will constitute the Applicant's membership fee.*
- * *Upon request by the Cooperative, the Applicant will deposit with the Cooperative a sum of monies or other valuable considerations equal to two average monthly bills for service furnished or to be furnished as estimated by the Cooperative.*
- * *The Applicant agrees to comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Board of Directors of the Cooperative.*
- * *The Applicant agrees to pay for all electric energy used in accordance with and subject to the limitations set out in the Cooperative's applicable rate schedule.*
- * *It is also agreed that membership in the Cooperative shall begin when service is connected and shall be terminated when Applicant's service is disconnected and Applicant is no longer receiving electric service.*
- * *In the event this membership is terminated, and subsequent thereto the applicant should desire to again become a member, this application for membership will be applicable for any and all future requests for membership. However, each request for membership must be subject to approval by the Board of Directors of the Cooperative.*

Dated

Account Number

Social Security Number

MVEC Employee

Applicant

Address

City, State, & Zip Code

Applicant's Signature

GENERAL INFORMATION

Date: _____

Name: _____

Mailing Address: _____

Telephone Number: _____

Business or Occupation: _____

Employer: _____ Number of Years: _____

Employer Address: _____

Telephone Number: _____

Are you the owner of the land and facilities being served? Yes No

Have you received service from the Cooperative before? Yes No

Previous Address: _____

Location of Service (Give Directions): _____

Additional Information: _____
