

BUSINESS APPLICATION FOR MEMBERSHIP

MEMBERSHIP NO.

BUSINESS OR CORPORATE NAME: _____

FEDERAL ID #: _____ Business License #: _____ State: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

WHAT TYPE OF BUSINESS IS THIS? (CHECK ONE) PARTNERSHIP _____ CORPORATION _____ LLC _____

PLEASE LIST OFFICERS, PARTNERS, AGENTS ON REVERSE SIDE.

I certify that all information I provided in this application is true and correct to the best of my knowledge. I agree to comply with the Articles of Incorporation and Bylaws of the Cooperative and any Rules and Regulations adopted by the Board of Directors of Nushagak Electric & Telephone Cooperative, Inc. I understand that a misrepresentation in the application may result in loss of membership and termination of service.

Applicant Signature and Date

Co-Applicant Signature and Date

OFFICERS, PARTNERS, AGENTS (signatures required):

NAME: _____
MAILING ADDRESS: _____
SIGNATURE: _____

TITLE: _____
PHONE NUMBER: _____
DATE: _____

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MAILING ADDRESS: _____
SIGNATURE: _____

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