

## RESIDENTIAL APPLICATION FOR MEMBERSHIP

MEMBERSHIP NO.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CO-APP'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HANDICAPPED/DISABLED: \_\_\_\_\_ SENIOR CITIZEN: \_\_\_\_\_

| APPLICANT'S INFORMATION |             | CO-APPLICANT'S INFORMATION |             |
|-------------------------|-------------|----------------------------|-------------|
| HOME PHONE:             | WORK PHONE: | HOME PHONE:                | WORK PHONE: |
| DATE OF BIRTH:          |             | DATE OF BIRTH:             |             |
| DRIVER'S LICENSE #:     |             | DRIVER'S LICENSE #:        |             |
| SOCIAL SECURITY #:      |             | SOCIAL SECURITY #:         |             |

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

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Co-Applicant Signature and Date