

**APPLICATION FOR MEMBERSHIP AND CONTRACT FOR ELECTRIC SERVICE**

**CENTRAL MISSOURI ELECTRIC COOPERATIVE, INC. • P.O. BOX 939 • SEDALIA, MISSOURI 65302**

The undersigned (hereinafter called "Applicant") hereby applies for membership in Central Missouri Electric Cooperative, Inc. (hereinafter called "Cooperative"), upon the following terms and conditions:

1. Applicant will deposit with the Cooperative the sum of \$25.00, which, if the Cooperative accepts this application, will constitute the Applicant's Membership Fee, and entitle Applicant to electric service on the premises herein described under the provisions of this agreement. The Membership Fee shall be refunded to, or applied on any amount owed the Cooperative, by Applicant upon termination of service.
2. If required, Applicant will also pay to the Cooperative, prior to acceptance as a member, the necessary construction charges and/or other deposits as may be adopted by the Board of Directors and set forth in Cooperative policy. If Applicant cancels request for service after Cooperative has begun the installation, Applicant agrees to reimburse Cooperative for labor and overhead charges expended to date of said cancellation.
3. Applicant, upon becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his/her private property is exempt from execution for any such debts or liabilities.
4. Applicant shall comply with and be bound by the provisions of the Bylaws of the Cooperative, policies, and such rules and regulations that may from time to time be adopted by the Cooperative. Applicant will cause his/her premises to be wired, and remain wired, in accordance with the National Electrical Code of the National Fire Protection Association then in force.
5. Applicant shall, when electric service is made available, purchase from the Cooperative all electricity purchased for use on the premises described herein and shall pay therefore monthly at rates to be determined from time to time in accordance with the Bylaws of the Cooperative.
6. Any default by Applicant in the payment of his/her electric bill or any other amount owed to the Cooperative shall give the Cooperative the right to disconnect and/or remove the service and cancel the Membership. In the event Applicant shall default in the payment of any sums when the same shall be due and payable, and it becomes necessary to place the account in the hands of an attorney or collection agency to collect the same, Applicant hereby agrees to pay all reasonable and necessary court costs, attorneys fees, and collection agency fees incurred by the Cooperative. All amounts in default shall accrue interest at the maximum allowable interest rate from the date of the default.
7. A deduction, not more than \$5.00, annually from the Applicant's equity in the assets of the Cooperative as payment for a subscription to "Rural Missouri" is hereby authorized.
8. Applicant hereby grants a thirty (30) foot easement over and across his/her property in order that an electric distribution line and/or fiber optic line may be constructed and maintained by the Cooperative. Applicant further authorizes the Cooperative to cut, trim, spray and control the growth of trees that interfere with or threaten to endanger, in the sole opinion of the Cooperative, the operation and maintenance of its distribution system.
9. If energy purchased results in a sales tax liability due to use other than stated, Applicant assumes responsibility for remitting such tax due directly to the Director, Missouri Department of Revenue.
10. As an RUS Borrower, the Cooperative is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate your checking the appropriate group below: Please note, your response is optional, the information you provide will be used for Federal Government Reporting Purposes.

The acceptance of this application by the Cooperative shall constitute a Contract between the Applicant and the Cooperative for electric service and shall continue in force for three (3) years from the date service is available, and thereafter until cancelled by at least three (3) days notice given by either party to the other. This Application and Contract is not intended to and does not create rights, remedies, or benefits of any character whatsoever in favor of any persons, corporations, associations, or entities other than the Parties, and the obligations herein assumed are solely for the use and benefit of the Parties.

I have received my copy of CMEC's Membership Handbook/Bylaws or understand I can view it online at [www.cmecinc.com](http://www.cmecinc.com).

Signature(s) must be signed in front of an employee of CMEC or in front of a notary public.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

Map No \_\_\_\_\_ Member No \_\_\_\_\_ Connect Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DFU/Work Order No \_\_\_\_\_ Requested Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Time \_\_\_\_:\_\_\_\_ Employee Initial \_\_\_\_\_

**Member Information** (please print in ink)

**Applicant:** Name or Business Name \_\_\_\_\_

Social Security No/Federal Tax I.D. No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Co-Applicant:** Name \_\_\_\_\_

Social Security No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Meter Location: Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Applicant certifies that the ONE box marked is the PREDOMINANT use of electricity. (see item 9 on application)

- Agriculture     Business     Household     Manufacturing (Form149 must be completed)     Non Profit

Racial/Ethnic Data-Your response is optional. (see item 10 on application)

- White (not of Hispanic origin)     Black or African American     Hispanic or Latino     American Indian or Alaskan Native
- Asian     Native Hawaiian or Pacific Islander     Other \_\_\_\_\_

**Office Use Only**

Government issued I.D. check required if signature not notarized.

Applicant: Drivers License No/Issue State \_\_\_\_\_ DOB \_\_\_\_\_ Expiration Date \_\_\_\_\_

Co-Applicant: Drivers License No/Issue State \_\_\_\_\_ DOB \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Connect Information:**     Entered on AS400

Rate Minimum \_\_\_\_\_ NPC Minimum \_\_\_\_\_

	Meter #1	Meter #2	
Serial No	_____	_____	Transformer #1 _____
Reading	_____	_____	Transformer #2 _____
Multiplier	_____	_____	Transformer #3 _____
Volt 1/Volt 2	_____	_____	
Install /Read Date	____/____/____	____/____/____	A/L No _____ Special A/L No _____
Meter Read By	_____ Time ____:____	_____ Time ____:____	

Membership Fee	\$ _____	Fee No _____
Tenant Deposit	\$ _____	Fee No _____
Security Deposit	\$ _____	Fee No _____
Invoice	\$ _____	Inv No _____
A/L Connect Fee	\$ _____	
New Policy Const	\$ _____	
Aid to Const	\$ _____	_____
Final Bill	\$ _____	
Service Charge	\$ _____	
Reconnect Fee	\$ _____	
Other	\$ _____	
<b>Total</b>	<b>\$ _____</b>	<input type="checkbox"/> Cr Card <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Fee Inactive

Comments/Special Instructions: