



Membership Application

Please Print

Update only, I am an existing member.

FOR OFFICE USE ONLY

Location # _____

Meter # _____

ID Verified

Last First Mi. Soc. Sec. # Birth Date

Billing Address City State Zip

Service Address (if different than above) City State Zip

Previous Address City State Zip

Phone # (Home) Phone # (Work) Phone # (Cell) Email Address

Employer Employer's Address

Joint Membership Applicant Information

Last First Mi. Soc. Sec. # Birth Date

Previous Address Email Address

Each Member shall make available either an easement or right-of-way to the Cooperative, as determined by the Cooperative, whereon to place the Cooperative's physical facilities for the furnishing and metering of electric service and shall permit the Cooperative's authorized Employees, Agents, and Independent Contractors to have access thereto for inspection, maintenance, tree trimming, replacement, relocation or repair, thereof at all reasonable times.

I request electric service from the Parke County Rural Electric Membership Corporation and make application for membership. I agree to purchase electric energy used at the location covered by this application, agree to pay any fees associated with this service including collection, attorney and legal fees and agree to be bound by the Articles of Incorporation, the By-Laws and amendments, and such rules and regulations as may be adopted from time to time by the Board of Directors.

By signing below I am providing written authorization to Parke County Rural Electric Membership Corporation or its designee to review my personal consumer credit profile from one or more of the national credit bureaus. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of updates, additional services and for reviewing or collecting the resulting account. If Parke County Rural Electric Membership Corporation decides to obtain a credit profile, I understand that it will provide, at my request, the name and address of the reporting agency and the nature and substance of information contained in such report.

Check if requesting joint membership (Two or more persons, a firm, association, partnership, corporation, body politic or subdivision). (Withdrawal of either shall terminate the joint partnership). Two signatures are required for joint membership.

To the best of my knowledge, the information stated above on this credit application is true and correct.

Signature Date

Signature (Joint Applicant) Date

I have received my new Member Packet. Policies are available upon request or at www.pcremc.com