

Application for Service Membership Agreement

Customer Service ♦ (907) 563-7366 or (800) 478-7494
Fax (907) 762-4678 ♦ service@chugachelectric.com

Today's Date _____ Membership No. _____

- New Account** – Application to establish a residential account. Please start my service beginning on date _____
- Existing Account** – Application to update a residential account. Please make change effective on date _____

CUSTOMER & BILLING INFORMATION

Applicant _____
Legal Name (first name, last name) *Social Security No.* *Driver's License No.*

Joint Membership — (Pursuant to Chugach Electric Bylaws, only a legally married husband and wife may apply for joint membership.)

Joint Applicant _____
Spouse Legal Name *Social Security No.* *Driver's License No.*

Mailing Address _____
Street Address or PO Box *Unit Number* *Home Phone* _____
City *State* *Zip Code* *Work Phone* _____

Email Address _____ PIN # ____ _ (Choose a 4-digit number—no letters.)

Select a Personal Identification No. (PIN) to access your account by telephone or on the Internet. Your PIN number will automatically be set up with the last four digits of your Social Security Number unless you specify otherwise.

SERVICE LOCATION INFORMATION

Service Address _____
Street Address *Unit* *or* *Meter Number* *or* *Subdivision* *Block* *Lot*

Property Status Own Rent **If renting, please provide landlord information.**

Landlord Name _____ Home Phone _____ Work Phone _____

Landlord Address _____
Street Address *Unit* *City* *Zip Code*

OTHER ADULTS RESIDING AT ADDRESS

POWER OF ATTORNEY DESIGNATION (OPTIONAL)

Name *Relationship* *Social Security No.* *Applicant Initials*

Name *Relationship* *Social Security No.* *Applicant Initials*

By signing my initials in the right-hand column, I hereby appoint this person to act as my attorney-in-fact to connect and disconnect electrical service on this membership, to receive all funds on my behalf, and otherwise to represent and act for me with respect to such service, and I hereby confirm and ratify whatever he/she may do in that regard. I understand that this appointment does not grant voting rights for my membership.

AGREEMENT

I agree to comply with Chugach Electric Association Inc.'s Bylaws and its regulations and tariffs as amended. I agree to provide safe and unobstructed access to premises to Chugach employees and to promptly pay all Chugach bills by the due date. I understand that my failure to comply can result in suspension of service and termination of membership. It is mutually agreed that acceptance of this application constitutes a contract which will continue until termination as provided in Chugach's tariff, which is available upon request at Chugach.

SIGNATURE

Applicant _____ Date _____ Joint Applicant (spouse only) _____ Date _____

IDENTIFICATION AND FEES

To complete the application process, please return the following in the enclosed envelope by _____. Thank you. **Application Taken**

Copy of picture ID Member Fee \$ _____ Connect Fee \$ _____ Deposit \$ _____ TOTAL \$ _____ **By** _____