



# APPLICATION FOR SERVICE RESIDENTIAL MEMBERSHIP AGREEMENT

Member-Acct No. \_\_\_\_\_

New Account:

Start date: \_\_\_\_\_

Existing Account:

Effective date: \_\_\_\_\_

### Identification and Fees

Member Fee \$ \_\_\_\_\_

Connect Fee \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Copy Picture ID

Total \$ \_\_\_\_\_ CSR Initials \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

## Customer & billing information

Applicant\*

\_\_\_\_\_  
*Legal Name (First name, MI, Last name)*

\_\_\_\_\_  
*Social Security No.*

\_\_\_\_\_  
*Driver's License No.*

Joint Applicant

\_\_\_\_\_  
*Legal Name (First name, MI, Last name)*

\_\_\_\_\_  
*Social Security No.*

\_\_\_\_\_  
*Driver's License No.*

Mailing Address

\_\_\_\_\_  
*Street Address or PO Box*

\_\_\_\_\_  
*Unit No.*

\_\_\_\_\_  
*Primary Phone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Paperless Election Materials

Paperless Billing

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
*Password*

*Create a password to access your account by telephone or on the Internet. Passwords are case sensitive and must be between 4 and 10 characters in length. Passwords are limited to numbers and letters. Your password 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 No. or Meter No.*

\_\_\_\_\_  
*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 No.*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

## Other adults residing at address

## Power of Attorney Designation (Optional)

Name

Relationship

Social Security No.

\*Initials of Applicant

Name

Relationship

Social Security No.

\*Initials of Applicant

*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*

\_\_\_\_\_  
*Date*

Chugach Electric Association, Inc. - 5601 Electron Drive - P.O. Box 196300 - Anchorage, Alaska 99519-6300 - www.chugachelectric.com  
Customer Service (907) 563-7366 or (800) 478-7494 - Fax (907) 762-4678 - service@chugachelectric.com