



# APPLICATION FOR SERVICE RESIDENTIAL MEMBERSHIP AGREEMENT

## Customer & Billing Information

## Member-Account No. \_\_\_\_\_

Applicant\*

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

\_\_\_\_\_  
*Date of Birth*

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

Joint Applicant

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

\_\_\_\_\_  
*Date of Birth*

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

Mailing Address

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

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

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

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

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

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

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

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

## Service Location Information

Service Address

\_\_\_\_\_  
*Street Address*

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

or

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

Property Status:

Own

Rent

If renting, please provide landlord information

Landlord Name

\_\_\_\_\_

Primary No. \_\_\_\_\_

Alternate No. \_\_\_\_\_

Landlord Address

\_\_\_\_\_  
*Street Address*

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

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

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

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

## Other Adults Residing at Address

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date of Birth*

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

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date of Birth*

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

## Designation of Authorized Agent (Optional)

By signing this application below, I hereby appoint this person to act as my authorized agent 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.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date of Birth*

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

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date of Birth*

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

## Agreement & Signature(s)

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.

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

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

\_\_\_\_\_  
*Joint Applicant Signature*

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

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