



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 _____

E-mail Address _____

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 _____

Social Security No. _____

*Initials of Applicant _____

Name _____

Relationship _____

Social Security No. _____

*Initials of Applicant _____

Designation of Authorized Agent (Optional)

By signing my name in the right-hand column, 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 _____

Alaska Driver's License No. _____

*Signature of Applicant _____

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 _____