



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 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