

# A&N ELECTRIC COOPERATIVE SERVICE APPLICATION

\$5.00 Membership Fee  
 \$20.00 Connection/Transfer Fee  
 \$ Deposit (Installment 1)  
 \$ Amount Due to Connect  
 \$ Deposit (Installment 2)  
 \$ Deposit (Installment 3)

**Please complete this Service Application, sign the Membership Application, and return with appropriate fees and a copy of Photo ID/Proof of Social Security Number. A deposit or letter of good credit from another utility may be required. Print clearly.**

Name \_\_\_\_\_  
 Salutation First name Middle Initial Last Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse's Name \_\_\_\_\_  
 Salutation First name Middle Initial Last Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Employer \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone # - home (\_\_\_\_) - \_\_\_\_ work (\_\_\_\_) - \_\_\_\_ mobile(\_\_\_\_) - \_\_\_\_

Fax number - (\_\_\_\_) - \_\_\_\_ e-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Po Box or Street City State Zip

911 address of property to be connected: \_\_\_\_\_

Development name \_\_\_\_\_ Park \_\_\_\_\_ Section \_\_\_\_ Lot# \_\_\_\_\_

House / Trailer / Other (circle one) Description \_\_\_\_\_

Type of heat (circle one) - Electric / Kerosene-oil / Gas / Wood

Date service should be connected/transferred \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a member of ANEC now? yes / no

Have you ever been a member of ANEC? yes / no When? \_\_\_\_\_

Do you rent / own? (circle one) If rent, name & phone # of landlord \_\_\_\_\_

**There is a monthly charge for Cooperative owned security lights.**

Is there a security light at this location? yes/no Would you like the light to be connected? yes/no

**You may read your own meter each month and report the reading on your bill card OR you may have the Cooperative read the meter for you. Please check your choice:**

\_\_\_\_\_ Please read my meter and bill me the monthly reading charge of \$2.00 per month. (You will also need to sign a Meter Reading Authorization form, available in our office)  
 \_\_\_\_\_ I will read my own meter.

Are you presently receiving service from us at another location? yes / no

If so, should that service be disconnected? yes / no Date to disconnect: \_\_\_\_\_

In case of multiple services, indicate which of your accounts is to be disconnected. \_\_\_\_\_

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**MEMBERS HELPING MEMBERS**

I would like to help less fortunate citizens in my community with their electric bill with my monthly contribution of \$1.00 to Members Helping Members, a 501(c)(3) **tax exempt** organization. By signing below, I agree that my tax deductible contribution of \$1.00 will be added to my monthly bill until I notify ANEC to stop the contribution.

Apply to all accounts in my name yes / no If no, apply to Account #(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(MAILING - ANEC)