

## Red Lake Electric Cooperative, Inc.

One of the Minnkota Power Systems

412 International Drive SW PO Box 430 Red Lake Falls MN 56750-0430

## APPLICATION FOR MEMBERSHIP AND FOR ELECTRIC SERVICE

Office: 218-253-2168

Email: info@redlakeelectric.com

218-253-2630

Fax:

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Red Lake Electric Cooperative, Inc. (hereinafter called the "Cooperative"), upon the following terms and conditions:

- 1. The Applicant(s) will pay to the Cooperative the sum of \$50.00, which will, if this application is accepted by the Cooperative, constitutes the Applicant's membership stock.
- 2. The Applicant(s) will, when electric energy becomes available, and the meter installed, purchase from the Cooperative all electric energy used on the premises described and will pay, therefore, monthly rates to be determined from time to time in accordance with the by-laws of the Cooperative, provided, however, that the Cooperative may limit the amount of electric energy which it shall be required to furnish to the Applicant.
- 3. The Applicant(s) will cause this premises to be wired in accordance with wiring specifications approved by the Cooperative.
- 4. The Applicant(s) will comply with and be bound by the provisions of the articles of incorporation and by-laws of the Cooperative and the Cooperative may from time to time adopt such rules and regulations.
- 5. If the Applicant(s) fails to pay any bill or debt owing the Cooperative during the normal collection period extended to all non-delinquent customers, the Cooperative may enlist the services of an independent collection agency. The Applicant(s) agrees to pay for the cost of these services in addition to paying the full amount owed to the Cooperative.

DATE:	20	
		APPLICANT SIGNATURE
		JOINT APPLICANT SIGNATURE

## (THIS INFORMATION TO BE COMPLETED BY APPLICANT)

## **MEMBER INFORMATION**

NAME				
FIRST		MIDDLE INITIAL	LAST	
JOINT MEMBER NAME				
	FIRST	MIDDLE INITIAL	LAST	
MAILING ADDRESS				
STREET ADDRESS (If differen	t than above.)			
CITY		ZIP		
HOME PHONE		CELL PHONE		
WORK PHONE	CELL PHONE			
SOCIAL SECURITY NUMBE	R			
JOINT SOCIAL SECURITY N	UMBER			
EMAIL				
MAIN METER NO	READIN	IG	_ DATE OF READING	
OFF-PEAK METER NO	READING	S	DATE OF READING	
NAME OF PREVIOUS ELEC	TRIC UTILITY			
ADDRESS OF PREVIOUS EL	ECTRIC UTILITY		<del></del>	
******	******	IF RENTAL PROPERTY	************	
OWNER'S NAME				
			ZIP	
HOME PHONE		WORK PHONE _		
	(THANK	YOU FOR COMPLETING THIS	S FORM)	
		COMPLETED BY RED LAKE E	LECTRIC COOPERATIVE)	
	,	FOR OFFICE USE ONLY	· · <del></del> /	
ACCOUNT NUMBER		VENDOR NO.	ID VERIFIED	