



OFFICE USE ONLY

By Phone – Date ___/___/___ By Office – Date ___/___/___

Member SS # _____ - _____ - _____ DLN _____

Spouse/Other SS # _____ - _____ - _____ DLN _____

Members Name

Last Name _____

First Name _____

Middle Initial _____

_____/_____/_____

Date Of Birth

(____) _____ (____) _____

Home Phone #

Cell Phone #

_____(____)_____

Place of Employment

Phone #

Email Address

Spouse/Other Responsible Party

Last Name _____

First Name _____

Middle Initial _____

_____/_____/_____

Date Of Birth

(____) _____ (____) _____

Home Phone #

Cell Phone #

_____(____)_____

Place of Employment

Phone #

Email Address

Previous Mailing Address

CITY STATE ZIP

APPLICATION FOR MEMBERSHIP & SERVICE

I hereby request electric service from the Fulton County Rural Electric Membership Corporation and herewith make application for membership in this cooperative. I agree to purchase all electric energy used on my premises covered under this application, and agree to be bound by the Articles of incorporation, the By-Laws and amendments thereto, and such rules and regulations as may be adopted from time to time by the Board of Directors.

Emergency Contact _____ Relationship _____

Address _____ Phone # (____) _____

Property meter is serving: Home = Own Rent

Barn W/ Living Area

Barn Garage

Campsite Grain Bins Irrigation

Other _____

Have you ever had service with Fulton County REMC? _____ Yes _____ No

If yes, under what name were you billed? _____

By signing below, I hereby state that all the above information is true and correct.

Signature _____ Date _____