

Member Number _____

Location Number _____

**APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE
SCENIC RIVERS ENERGY COOPERATIVE, LANCASTER, WISCONSIN**

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Scenic Rivers Energy Cooperative (hereinafter called the "Cooperative", upon the following terms and conditions:

1. The application for membership by husband and wife shall be deemed as joint tenant member with right of survivorship unless the applicant designates in writing on this application for membership.
2. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly or annually at rates to be determined from time to time by the board of directors, it being understood that all amounts paid by applicant in excess of operating costs and expenses of the Cooperative properly chargeable against the furnishing of such electric energy are furnished by the applicant as capital. The Applicant will pay a minimum monthly or annual bill established by the board of directors for the class service regardless of the energy consumed.
3. The Applicant will cause the applicant's premises to be wired in compliance with the Wisconsin State Electrical Code. The Cooperative reserves the right at its option to terminate electric service if in the opinion of the Cooperative the condition of the wiring facilities is hazardous.
4. The Applicant will comply with and be bound by the provisions of the articles of incorporation and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
5. The Applicant, by becoming a member, assumes no personal liability nor responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law the Applicant's private property is exempt from execution of any such debts or liabilities.
6. The Applicant will grant to the Cooperative a right-of-way easement to construct, operate and maintain an electric line or system on the land owned by the Applicant.
7. The Cooperative is authorized to enter a subscription in the Applicant's name to the *Wisconsin REC News*, to be paid by the Cooperative.
8. The Applicant consents and agrees to pay interest or penalties in such manner as the board of directors may specify on any past due accounts which may be deducted from any sums due to the Applicant or the Applicant's survivors or estate.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force until canceled.

PLEASE COMPLETE AND RETURN TO THE COOPERATIVE. THANK YOU.

Date _____

Date for Service to Start _____

Use Full Legal Name as in Property Records

Applicant (please print) _____

Applicant #2 (please print) _____

Driver's License No. _____

Driver's License No. #2 _____

Soc. Sec. No./Federal Id No. _____

Social Security No. #2 _____

Employer _____

Employer #2 _____

Email Address _____

Mailing Address _____

Meter Location Address _____

Is this a residence? (please circle) Yes No If No, please explain: _____

Telephone Number _____

Owner Renter If renter who is landlord? _____

Operation Roundup is a fund that is used to help individuals that experience some disaster (fire, flood, etc.) or health crisis. And the fund is used to donate to non-educational fundraisers, non-profit organizations, etc. If a member signs up for Operation Round up, the amount a member would contribute is less than \$6 per year.

If you do not wish to participate in Operation Roundup, please circle: No to Operation Roundup

Applicant Signature _____ Applicant #2 Signature _____

As recipients of federal assistance, Scenic Rivers Energy Cooperative is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. Your response is optional. The information you provide will be used only for federal government reporting purposes.

Racial/Ethnic Group:

- American Indian or Alaskan Native
- Asian or Pacific Islander

- Black (not of Hispanic Origin)
- Hispanic
- White (not of Hispanic Origin)