



Application for Membership

Membership # _____

Applicant _____ SSN/DL _____

Co-Applicant _____ SSN/DL _____

--or--

Business Name _____ Tax ID _____

Authorized Representative _____

Physical Address _____ City _____

Billing Address _____ City _____

Phone Number _____ Email Address _____

Phone Number _____ Email Address _____

Please initial acknowledgement of receipt of the following item:

___ South Side Handbook

Anyone on a life Support System in the Home? Yes No

Paperless Billing? Yes No

Automatic Payments? Yes No

Deposit \$ _____

Membership Fee is \$25.00

Beneficiary _____

I certify that I have provided, to the best of my knowledge, correct information and I agree to comply with the By-Laws and Policies stated in the Handbook of South Side Electric, Inc.

Signature _____ Date _____

OFFICE USE ONLY

Meter Number _____ Start Date _____ Beginning Reading _____
Membership Charged _____ Paid _____ Billed _____
Deposit Charged _____ Paid _____ Billed _____
Membership Certificate Number _____

Update Membership List Update QB Update Spreadsheet Update CIS

South Side Electric, Inc., hereinafter called the Cooperative, certifies that.

has complied with the conditions of membership of the Cooperative and have been hereby accepted into membership in the Cooperative; said member to continue until such time as terminated in accordance with the provisions of the By-Laws of the Cooperative.

Chairman of the Board _____

Secretary of the Board _____

ACCOUNT CLOSING PROCEDURES

Forwarding Address _____
Update Beneficiary _____
Final Reading Date _____ Final Reading _____
Membership/Deposit Amount Refunded to Account _____
Amount of Refund Check Issued _____ Date _____
Move Membership Certificate to Inactive
Update Membership List Update CIS Make Customer Inactive in QB