

## **Application for Membership**

Applicant		SSN/DL
Co-Applican	t	SSN/DL
Business Nar	me	Tax ID
Authorized R	Representative	
Physical Add	dress	
Billing Addre	ess	
Phone Numb	erEı	mail Address
Phone Numb	erEı	mail Address
Please initial	acknowledgement of receipt of	the following items:
	By-Laws	
	Service Rules & Regulations	Life Support System Present? Yes No
	Policy #3 Consumer Accounti	ng Paperless Billing? Yes No
	Policy #4 Line Extension	Automatic Payments? Yes No
	Rate Schedule	
	Meter Number #	Start Date
	Membership fee \$25.00	
	Deposit \$	<u> </u>
Beneficiary_		
• •	have provided, to best of my knowl Policies of South Side Electric, Inc.	edge, correct information and I agree to comply to the
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 QB Spreadsheet				
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 I	ssued	Date		
Move Membership Certificate to Inactive				
Update Membership List				