USEPPA ISLAND WIRELESS NETWORK, INC.
MEMBERSHIP APPLICATION

Date: _____ Radio/Account No: _____
(FOR OFFICE USE ONLY)

Type (circle one): Individual Joint Corporation LLC Trust Partnership Other: _____

Name of Applicant (First, MI, Last) or Business	Name of Joint Applicant (First, MI, Last) or Authorized Rep.
Applicant's Social Security Number/EIN/TIN **(last four digits only)**	Joint Applicant's Social Security Number/EIN/TIN **(last four digits)**
Applicant's Driver's License Number State/Prov.	Applicant's Driver's License Number State/Prov.
Useppa Island Address	Joint Applicant's Driver's License Number State/Prov.
Billing Address	Joint Applicant's Primary E-Mail Address
City State/Prov. Zip/Mail Code	Joint Applicant's Secondary E-Mail Address
Primary Residence Address	Home Phone Number
City State/Prov. Zip/Mail Code	Applicant's Mobile Phone Number
Applicant's Primary E-Mail Address	Joint Applicant's Mobile Phone Number
Applicant's Secondary E-Mail Address	Applicant's Work Phone Number
Website (if applicable)	Joint Applicant's Work Phone Number

The Applicant (and Joint Applicant, if applicable), jointly and severally, hereby applies for membership in and agrees to purchase wireless internet service from USEPPA ISLAND WIRELESS NETWORK, INC. ("UIWN") upon the following terms and conditions. I have received a copy of, and agree to comply with and be bound by the Bylaws of UIWN, as may subsequently be amended, the rules and regulations that may be hereafter adopted by UIWN's Board of Directors, and the Subscription and Service Agreement, Terms of Service and Acceptable Use Policy. I agree to purchase UIWN wireless internet service for an initial term of two (2) years and month-to-month thereafter and that payment must be made monthly in advance by credit card billing.

I agree to pay the $1,400 non-refundable capital membership fee and also such rates (currently $70 per month) for the wireless internet service as are hereafter established by the UIWN Board of Directors. I agree that the Applicant's Primary E-mail address stated above will be used by UIWN for purposes of my receiving notices to members.

Date: _____ Date: _____

Applicant's signature_____ Joint Applicant's signature_____

Title (if Applicant is a legal entity): _____