MCKENZIE ELECTRIC COOPERATIVE, INC. APPLICATION FOR MEMBERSHIP

By signature below, the adult person, legally recognized entity or public body agrees to comply with and be bound by the Articles of Incorporation and the Bylaws of McKenzie Electric Cooperative, Inc. and any rules, policies and regulations adopted by the McKenzie Electric Cooperative, Inc. Board of Directors. The purchase of electricity also constitutes membership, thereby binding said purchaser of electricity to all provisions mentioned herein.

By becoming a member of McKenzie Electric Cooperative, Inc., the applicant agrees to pay all required facilities charges and to purchase electricity in accordance with current rate schedules, which schedules may be adjusted from time to time in accordance with the Bylaws of McKenzie Electric Cooperative, Inc.

Prior to energizing a meter, McKenzie Electric Cooperative, Inc. may require a copy of a wiring certificate indicating that the facilities installed by the applicant or applicant's contractor were installed in accordance with all current State and Federal codes and requirements.

A \$300.00 deposit may be required as per current McKenzie Electric Cooperative, Inc.'s policy.

Account Name				Social Se	curity#	
Joint Name				Social Se	curity#	
Mailing Address		City _		State		Zip Code
Phone #		Work Phone # _		Ce	Il Phone #	
Individual/Sole Proprietor	Corporation	Partnership (IRS	Recognized)	Other		
Employer Identification # (EIN)			Ema	ıil		
Regarding the premises for which	the electric meter	will be serving:				
Is the property owned by	You		Others	_		
If the property is owned by other	ers, enter the owr	· ner(s) informatio	n:			
Name of owner				_		
Address		City _		State		Zip Code
Phone #						
APPLICANT'S PRINTED NAME					Title:	
APPLICANT'S SIGNATURE	:		-	_	Date	
MEC Acknowledged By					Date	
Operation Round Up® is a nearest dollar. Charitable ceducational, scientific, heal	ontributions re	ceived through	n Operation Rou	ınd Up [®] ar	e distribu	ited via application fo
☐ Yes, I'd like my b	ill rounded up	(Maximum per)	vear: \$11.88) for (charitable c	ommuni	ity purposes.
□ No						

CUSTOMER INFORMATION REQUEST

Due to our association with the Federal RUS Program, McKenzie Electric is required to identify and document, as accurately as possible, the racial/ethnic background of our customers. We would appreciate it if you would take a moment to check the appropriate line in the listing below and return this form to us.

Please note that YOUR RESPONSE IS OPTIONAL. The racial/ethnic information you provide here will be used only for Federal Government reporting purposes.

If you have any questions, please contact our customer service department at 701-444-9288 or 1-800-584-9239.

Thank you for your cooperation.

YOUR NAME	
RACIAL/ETHNIC GROUP:	
White (not of Hispanic origin)	
Black (not of Hispanic origin)	
Hispanic	
American Indian or Alaskan Native	
Asian or Pacific Islander	

Please return this form to:

McKenzie Electric Cooperative, Inc. PO Box 649 Watford City, ND 58854