## APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

## WITH NISHNABOTNA VALLEY REC

MEMBER #: \_\_\_\_\_

1317 Chatburn Ave, Harlan, IA 51537

Nishnabotna Valley

ACCOUNT:		Ph: (712)755-2166					
Please fill out the	following information co	ompletely: (please print)					
Applicant:							
	First Name	MI	Last Nam	ie	Social Se	curity Number	
Billing Address:_							
	Street/P.O. Box		City		State	Zip	
Contact Info:							
	Primary Phone		Secondary Phone		Work Pho	Work Phone	
				Permission to ve	erify identity with Credit Report	ing Agency   Yes	
	E-mail Address	Date of	e of Birth				
Employer:	Name				Phone Nu	ımber	
Property Info:							
	Service Address	City	Property Owner		Property (	Property Owner Phone Number	
	Property Owner Addres						
Have you previously received service from Nishnabotna Valley REC?							
Name of Spouse and/or other adults living in residence:							
	First Name	MI	Last Name		Social Se	Social Security Number	
	Primary Phone			E-Mail		Date of Birth	
	First Name	MI	Last Name		Social So	Social Security Number	
	Primary Phone			E-Mail		Date of Birth	
Would you like to	o participate in our autor	natic hill navment nlan?	☐ Yes	□ No			
-							
Would you like to participate in our operations roundup program? ☐ Yes ☐ No							
Would you like to	o participate in our prairi	e winds program?	☐ Yes	□ No			
Unless otherwise dialer with prerect account informati	eto, Applicant is confirmin indicated below, Applican orded messages regarding on. Applicant understands	t hereby gives consent to c all matters related to Appl	ooperative to icant's accou cant is not re	o contact Applicant at a unt with Cooperative, ir equired to provide cons	and not to a family member or any of those numbers via an au ncluding but not limited to payr sent to Cooperative authorizing	tomatic telephone ment and delinquent	

## **Application for Membership and Electric Service:**

Applicant hereby applies for membership in and electric service from Nishnabotna Valley REC and if application is accepted, Applicant agrees with Cooperative as follows:

- 1. Applicant agrees to comply with and to be bound by the Cooperative's Articles of Incorporation and By-laws (both of which are available on the Cooperative's website) and by any changes or amendments thereto and by any further Tariffs, rules and regulations presently in force or subsequently adopted by Cooperative. If Applicant is a married individual, Applicant understands that nay membership issued to Applicant shall be considered a joint membership, and be governed as such by the appropriate Articles and By-laws of the cooperative.
- 2. At the request of the Cooperative, Applicant will grant to Cooperative the necessary easements and rights to construct, operate, and repair its lines and all appliances and equipment connected or used in connection therewith upon, along, across, over and under the premises owned or occupied by Applicant and upon, along, across, over and under roads, streets, and highways adjoining said premises and will execute and deliver to Cooperative any convey-acne, grant or instrument which Cooperative shall deem necessary or convenient in connection with the easements and rights.
- 3. Applicant shall have all the rights and privileges granted to members of the Cooperative, and shall have such obligations and liabilities, as set out in the Articles, By-laws, Tariffs, rules and regulations as they shall be amended from time to time, and this application for membership and electric service.
- 4. If Applicant is other than an individual, the undersigned warrants and represents that they have full authority to execute this application on behalf of Applicant, and with full authority to bund Applicant to the terms of this application
- 5. This application and its terms apply to this account/location and all future accounts/locations in the name of the above member(s).
- This Application, upon acceptance, shall constitute an agreement binding upon and ensuring to the benefit of the Applicant and Cooperative, their successors and assigns.

Joint Membership: Joint memberships are available between legally married couples, according to the provisions of the Cooperative's Articles (Article 4). With a joint membership, either spouse is eligible to serve on the nominating committee or the Board of Directors. If either spouse dies, the membership is considered to be held by the survivor. Ownership assignment of the patronage dividends is transferred to the surviving spouse.   Yes  No						
Applicant's Signature:						
Joint Applicant's Signature:	Date:					
FOR OFFICE USE: Connect/Transfer Fee:  Switch Makes Cents  Yes  No  CRA Done:	Date Mailed Member Agreement:					

## STATEMENT OF NON-DISCRIMINATION

This institution is an equal opportunity provider and employer.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.