APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

WITH NISHNABOTNA VALLEY REC

MEMBER #: _____

ACCOUNT: _____

1317 Chatburn Ave, Harlan, IA 51537

Ph: (712)755-2166

Please fill out the following information completely: (please print)

Name of Company: _____

Company Representative: _____
First Name MI Last Name Federal ID Number

Billing Address: _____
Street/P.O. Box City State Zip

Contact Info: _____
Primary Phone Secondary Phone Work Phone

Is company a corporation? ☐ **Yes** ☐ **No**

Property Info: _____
Service Address City, State Property Owner Property Owner Phone Number

_____
Property Owner Address

Have you previously received service from Nishnabotna Valley REC? ☐ Yes ☐ No

Other Points of Contact for Business:

_____
First Name MI Last Name Title

_____
Primary Phone E-Mail Date of Birth

_____
First Name MI Last Name Title

_____
Primary Phone E-Mail Date of Birth

Would you like to participate in our automatic bill payment plan? ☐ **Yes** ☐ **No**

Would you like to participate in our operations roundup program? ☐ **Yes** ☐ **No**

Would you like to participate in our prairie winds program? ☐ **Yes** ☐ **No**

Cell Phone Consent:

***** By signature hereto, Applicant is confirming that any cell phone number listed here belongs to Applicant and not to a family member or other third party. Unless otherwise indicated below, Applicant hereby gives consent to cooperative to contact Applicant at any of those numbers via an automatic telephone dialer with prerecorded messages regarding all matters related to Applicant's account with Cooperative, including but not limited to payment and delinquent account information. Applicant understands and recognizes that Applicant is not required to provide consent to Cooperative authorizing Cooperative to Contact Applicant using a cell phone number to receive service from Cooperative. ☐ Yes ☐ No

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).
6. This Application, upon acceptance, shall constitute an agreement binding upon and ensuring to the benefit of the Applicant and Cooperative, their successors and assigns.

Company Representative's Signature: _____

Date: _____

FOR OFFICE USE: Connect/Transfer Fee: _____ Deposit: _____ Paid Date: _____

Switch Makes Cents ☐ Yes ☐ No Date Mailed Member Agreement: _____

CRA Done: _____ _____

STATEMENT OF NON-DISCRIMINATION

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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.