

Member #: \_\_\_\_\_

Developed: 10/12

Account: \_\_\_\_\_

Revised: 07/25

**Application for Membership Nishnabotna Valley REC**

1317 Chatburn PO Box 714  
Harlan, Iowa 51537

Office: 712-755-2166 or 800-234-5122  
Fax: 712-755-2351

Please fill out the following information completely: *(Please Print)*

Applicant's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Plus + 4: \_\_\_\_\_

Primary Ph: \_\_\_\_\_ Secondary Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Permission to Verify Identity with Credit Reporting Agency: ☐ Yes

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Occupancy/Transfer Requested: \_\_\_\_\_

**Notice:** Nishnabotna Valley REC requires one day notice prior to date service begins. Services can only be switched during business hours (Monday-Friday, 7:30 a.m. to 4:00 p.m.) with the exception of holidays and summer hours (Monday-Thursday, 7:00 a.m. to 4:30 p.m. and Friday, 7:00 a.m. to 11:00 a.m.).

Service Address: \_\_\_\_\_ (if different from billing address)

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

Do you own or rent? ☐ Own ☐ Rent

If rent, please provide landlord/owner information for property:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name of spouse and/or other adults living in residence:**

Legal Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Contact Consent: ☐ Yes ☐ No

**Cell Phone Contact Consent:** By signature hereto, Applicant is confirming that any cell phone number listed her 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.

Joint Membership: ☐ Yes ☐ No

**Joint Membership:** Joint memberships are available between legally married couples, according to the provisions of the Cooperative's Articles of Incorporation (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.

Would you like to participate in our Automatic Bill Payment Plan? ☐ Yes ☐ No

Would you like to participate in our Operation Roundup Program? ☐ Yes ☐ No

Would you like to participate in our Prairie Winds Program? ☐ Yes ☐ No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE:** Connect/Transfer Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_ Paid Date: \_\_\_\_\_  
Switch Makes Cents ☐ Yes ☐ No Date Mailed Member Agreement: \_\_\_\_\_  
CRA Done: \_\_\_\_\_