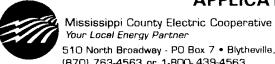
## **APPLICATION FOR MEMBERSHIP**



mcec form no. 14

510 North Broadway - P0 Box 7 • Blytheville, Arkansas 72316-0007 (870) 763-4563 or 1-800-439-4563

Renter
 _Home Owner
D

				Prev. Serv.	
Please present identif Please print:	ication to cashier				
			Place of Employment		
Last	First	Middle			
Maiden name (if applicable)			Occupation	W. C. W. D. C. W.	
			T		
Mailing Address			l'elephone-Home	Work	
City			Circle: Single Married	Divorced Separated Widow	
			Social Security #		
911 Service Address					
Age Birtl	hdate		Driver's License #	State	
Spouse or Roommate	:				
			Place of Employment		
Last	First	Middle			
Maiden name (if applicable)			Occupation		
, .					
Social Security #			Telephone - Home	Work	
Driver's License #		State	Circle: Single Married	Divorced Separated Widow	
AgeBir	rthdate				
The Cooperative accordance with the a	•		the standard 120/240 volts AC gulations.	, unless otherwise stated in	
\$7.00 from your y	early electric bill w	vill be allocated fo	or a subscription to Rural Arka	nsas.	
"Cooperative"), and u	ipon acceptance in oration and by-laws	to said Cooperat of the Cooperat	County Electric Cooperative, le ive, agree to abide by all terms ive and all amendments theretous rate to the best of my knowled	s, conditions and limitations of o. I also certify that the	
Previous Address:					
		Signature of applicant			
			Signature of spouse/roommate		
OFFICE USE ONLY:	)ate		Group A B C D E		
Map #			Office Serviceman		
Date Service Desired			Class and Grade of Service		
Estimated Service Da	te		Availability of Facilities		
Date Service Provided	1		Reason if Delayed		
Remarks;					