

Instructions for completing the Residential Membership Application

- Clearly print the information requested on Page 1 of the Membership Application.
- Provide signature of applicant and co-applicant (if applicable) on the bottom of Page 1.
- Read the Terms and Conditions of membership on Page 2.
- If you decline the credit review requested on Page 2 AND you are submitting the application via U.S. Mail/fax/email/other shipping method;
 - Complete the Affidavit of Identity on Page 3.
 - Provide a notarized copy of a valid U.S. issued identification card/document.
- If you decline the credit review requested on Page 2 and intend to bring the Membership Application to our office, you will not need to fill out the Affidavit of Identity. We will request to see your ID during that visit.
- Return the completed application in one of the following methods;
 - Email: jasperremc@jasperremc.com
 - Fax: 219-866-2199
 - Deliver in person: Jasper County REMC, 280 E Wood Rd, Rensselaer, IN 47978
 - U.S. Mail: Jasper County REMC, PO Box 129, Rensselaer, IN 47978
 - Delivery by FedX/UPS/other shipper: Jasper County REMC 280 E Wood Rd, Rensselaer, IN 47978
- After receiving your application, we will contact you at the primary phone number provided on Page 1 to inform you of any deposit requirements. If a deposit is required, you may pay it during the phone call.
- Service will not be connected in your name until the completed form and relevant documents are returned to Jasper County REMC and deposit requirements are met.



P.O. Box 129, Rensselaer, IN 47978
 219-866-4601
 888-866-7362
 219-866-2199 (fax)
 jasperremc.com

Residential Membership Application

Connect my service on (date) _____

Applicant _____ Social Security No. _____

DL/ID _____ Date of Birth _____

Co-applicant _____ Social Security No. _____

DL/ID _____ Date of Birth _____

Service address _____

Mailing Address _____

City, State, Zip _____

Previous Mailing Address _____

By signing below and providing a telephone number and or email address, I authorize Jasper County REMC and/or its agents, subsidiaries, or affiliated entities to deliver or cause to be delivered to the landline, wireless telephone number or email account provided below informational messages, advertisements, and telemarketing messages using an automatic telephone dialing system or an artificial or prerecorded voice, regardless of whether the phone number provided is a wireless or landline number. I understand that I am not required to provide such consent as a condition of receiving service from Jasper County REMC. By providing the number and email address below for contact purposes, I am confirming that this contact information belongs to me and not to a family member or third party. I understand that I can revoke my consent or change the telephone number at which such messages are delivered to me by contacting Jasper County REMC at jasperremc@jasperremc.com or 219-866-4601.

Primary Phone Number _____ Secondary _____ Email _____

My Primary Number is a (check one):

Wireless Number Landline

My Secondary Number is a (check one):

Wireless Number Landline

Were you ever a member of Jasper County REMC? Yes No When? _____

I am the Tenant Landlord Owner at the **service address** listed above

➔ If there is a REMC dusk-to-dawn light at this location, should it be activated? Yes No

Is there a renewable system on the property? Yes No

I authorize Jasper County REMC to review my utility credit history. If I decline the credit review, I understand that I will be charged a deposit and I will need to fill out the Affidavit of Identity form on Page 3 and provide a notarized copy of my U.S. issued identification.

Everything I have stated in this application is correct to the best of my knowledge.

Applicant Signature *Date*

Co-applicant Signature *Date*

Terms and Conditions of Membership

1. The undersigned (hereinafter called applicant) hereby applies for Membership.
2. Applicant agrees to comply with and be bound by the Articles of incorporation of Cooperative, the By-Laws of Cooperative and any amendments thereto, and such Rules and Regulations as may be adopted from time to time by Cooperative.
3. Applicant agrees, when service becomes available, that all electric energy used on the premises will be purchased from Cooperative and will be paid for monthly at rates to be determined from time to time in accordance with the By-Laws of the Cooperative provided, however that the current monthly minimum bill will be paid regardless of the number of kilowatt hours consumed.
4. Applicant agrees:
 - a. To make payment of such fee as is designated in the By-Laws of Cooperative in respect to Membership.
 - b. To make payment of such fee as is designated in the Rules and Regulations which are incidental to providing electric energy at the service connection.
 - c. To have the Cooperative make payment for him of annual subscription to the Electric Consumer newsletter from amounts accruing to his account each year.
 - d. That any fee specified in (a) or (b) shall be refunded in the event this application is not accepted by the Board of Directors or the members or if for any reason the cooperative cannot supply the electric service requested.
 - e. Each member of the Cooperative, or in the case of a joint membership described in the By-Laws, the holders thereof jointly, or either of them, but not both, shall be entitled to one (1) vote and no more upon each matter submitted to a vote at all meetings of the members of the Cooperative.
5. The acceptance of this application by the Cooperative shall:
 - a. Constitute a contract for electric service between Applicant and Cooperative which shall continue in force until canceled by at least ten days written notice by either party to the other. Notwithstanding the foregoing, amendments to the contract due to amendments of the article of incorporation, the Bylaws or the Rules and Regulations of the cooperative shall become effective in accordance with their own terms.
 - b. Constitute an acceptance of Applicant to membership in Cooperative with such rights and liabilities as are specified in the By-Laws of Cooperative provided however, that said membership shall terminate when Applicant ceases to purchase electric energy from Cooperative or such membership is otherwise terminated in accordance with the bylaws.
6. Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of Cooperative, and it is expressly understood that under law his private property cannot be attached by any such debts or liabilities.

This form **must** be returned to Jasper County REMC and
deposit requirements met before service will be connected.

FOR OFFICE USE ONLY

Account Number _____ Line Location _____

Membership Packet Mailed _____ CSR Initials _____



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Complete this form only when declining the credit review requested on the application and not applying for electric service in person at our office.

Affidavit of Identity-Residential Membership

This form must be accompanied with a notarized copy of a valid U.S. issued identification

State of _____)
County of _____) S.S.:

The undersigned, being first duly sworn according to law, depose(s) and say(s) that:

- I(We) am/are completing a membership application for electrical service to Jasper County Rural Electric Membership Corporation (REMC) to serve the premises located at:

- My/our name(s) is/are _____ and

- I/we affirm that the statements made in the application are true.
- These statements are made for the purpose of assuring Jasper County Rural Electric Membership Corporation (REMC) of the identity of the Undersigned on a membership application to receive electrical service.

In Witness Whereof, I/we have hereunto set my/our hand(s) and seal(s) this _____ day of _____, 20____.

Applicant Signature

Print

Co-applicant Signature

Print

Sworn to and subscribed before me a Notary Public this _____ day of _____, 20____, personally known to me or satisfactory proven to be the person or persons whose names are hereby identified.

NOTE TO NOTARY: PLEASE NOTARIZE A COPY OF EACH APPLICANT'S VALID U.S. ISSUED IDENTIFICATION.

Notary Public _____

My commission expires _____ My county of residence _____