



## Application for Membership and Service Transfer-Owner/Renter

**Membership Information:** Please verify information, complete highlighted areas, sign, date and return to Lake Country Power.

**PRIMARY MEMBER:** Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Numbers: Home \_\_\_\_\_  
Mobile \_\_\_\_\_

Driver's License/State ID# \_\_\_\_\_

E-mail address \_\_\_\_\_ ☐ By checking this box, you agree to paperless billing. A valid email address is required. By doing so you will receive a one-time \$10.00 credit (per membership) on your bill.

**JOINT MEMBER:** Name \_\_\_\_\_  
First Middle Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Numbers: Home \_\_\_\_\_  
Mobile \_\_\_\_\_

Driver's License/State ID# \_\_\_\_\_ E-mail address \_\_\_\_\_

Service Address: (different from mailing address) Address \_\_\_\_\_ City \_\_\_\_\_

Previous owner/renter: \_\_\_\_\_ Date of possession/ownership: \_\_\_\_\_

**RENTERS ONLY:** \*\*\*\*A copy of the rental/lease agreement must be included and returned with this completed application.

Owner/Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of rental/lease: \_\_\_\_\_

Names of all other adults living at this location: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### **MEMBERSHIP/SERVICE AGREEMENT:**

I, the undersigned, am applying for membership and agree to purchase electricity from Lake Country Power under the following terms and conditions.

1. I agree to comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative as well as other rules, regulations and policies which may be adopted by Lake Country Power.
2. I agree to comply with all existing easements on said property from Lake Country Power or its predecessor organizations. I recognize that where the Cooperative has existing facilities on said property that I do grant Lake Country Power permission for Right-of-Way maintenance, operational procedures, and access to Cooperative equipment.
3. I agree not to interfere with or endanger the Cooperative's installed electrical system. I agree not to dig, excavate, or grade in areas where underground electric facilities are located without contacting the proper notification center.
4. I recognize that Lake Country Power does not guarantee a regular and uninterrupted supply of energy and in case the supply of energy is interrupted or defective, the Cooperative shall not be liable for any damage resulting thereof.
5. I recognize that the quality of such power supply may not be suitable, without modification, for some business and specialized personal uses.
6. I understand all members are automatically enrolled in the Operation Round Up® program unless they contact Lake Country Power to opt-out.
7. I understand all consumers are subject to credit and personal information verification by a 3<sup>rd</sup> party consumer reporting agency. Lake Country Power may require a deposit at the time a member establishes service. The deposit amount will be determined based on a credit score and/or any previous account status. A deposit will be refunded and applied to the bill after 12 months of satisfactory credit history.
8. I understand that by checking the above box for paperless billing I agree to keep a valid email address on file with Lake Country Power. By signing up for paperless billing I am agreeing to have Lake Country Power initiate the SmartHub enrollment process for me, I understand it is my responsibility to finish setting up my login information, so I may view my bill online. As a result, a one-time, \$10.00 credit per membership will be applied to my bill.

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
Primary Member

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
Joint Member

Office Use:

Member Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Deposit Amount: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_