

# OAHE ELECTRIC COOPERATIVE, INC.

102 S. Canford - PO Box 216 - Blunt, South Dakota 57522-0216

Phone (605) 962-6243 or 1-800-640-6243 - Fax (605) 962-6306 - E-Mail Address oahe@oaheelectric.com

**\*\*\*\*\* APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP \*\*\*\*\***

The undersigned hereby requests electric service and applies for membership in the Cooperative with all voting and related privileges and agrees to comply with and be bound by the By-Laws, Rules, Regulations, Rates and Policies as adopted by the Cooperative's Board of Directors and membership from time to time. The applicant/co-applicant promises to pay a security deposit and promises to pay for all electric service received and charges incurred and as a condition of membership will give an easement for service. The undersigned grants to the Cooperative the right to construct, operate, maintain and repair its lines and all equipment connected or used in connection therewith and to cut and trim trees, bushes, or shrubbery as to completely clear Oahe's line of obstructions. All service lines, meters, switches and other equipment constructed or installed by the Cooperative remain the sole property of the Cooperative. Included with your membership fee is a subscription to Oahe Electric Cooperative Connections at a rate of \$6 per year.

Application Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Co-Applicant's Name (Please Print)

Applicant's Name **(Please Print)** \_\_\_\_\_

Co-Applicant's Name **(Please Print)** \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**New Mailing Address (if different than Current Mailing Address)** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Have you been a member of Oahe Electric Cooperative in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

What does this account serve?	Primary Residence	House	Mobile Home	Apt	Business	
	Seasonal Residence	Grain Bin	Irrigation	Well	Other	

**Service Legal Desc:** \_\_\_\_\_

Reconnect Service \_\_\_\_\_ as of: \_\_\_\_\_  
( Previous Consumer & Legal Description ) (Transfer Date)

**VOLUNTARY INFORMATION**

According to the Civil Rights Compliance Requirements, all RUS Borrowers must establish and maintain a documented system to Identify and code the race/ethnic group of residences within their service area. Your response to the following is voluntary:

_____ White Not of Hispanic Origin	_____ Black/African American	_____ Native Hawaiian/Other
_____ American Indian/Alaska Natives	_____ Asian/Pacific Islander	_____ Hispanic/Latino
_____ Other		

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