

Customer #: _____

Developed: 10/12

Account: _____

Revised: _____

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: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____ Permission to Verify Identity with Credit Reporting Agency: Yes

Employer Name: _____ Phone: _____

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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.

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. #: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Joint Membership:  Yes  No

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: \_\_\_\_\_