

**Application for Membership - WESTERN IOWA POWER COOPERATIVE** Customer # \_\_\_\_\_ Mem # \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Fed I. D. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Loc. #** \_\_\_\_\_  
(Office use only)

**E Mail Address:** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Wk Tel # \_\_\_\_\_ Employers Address \_\_\_\_\_

Spouse or other adults living in residence \_\_\_\_\_ Spouse Soc. Sec # \_\_\_\_\_ Spouse Cell # \_\_\_\_\_

Former Address: \_\_\_\_\_ Former Power Supplier \_\_\_\_\_

Name, Address & Tel. # of Nearest Relative ( mother, father, brother, etc.) \_\_\_\_\_

Name, Address & Tel. # of a Friend \_\_\_\_\_

Are you renting? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_ Tel # of Owner \_\_\_\_\_

Please show a copy of your driver's license or identification with your Social Security #. This application will be void if not filled out completely. I understand the billing procedure and agree that I am responsible for my monthly bill as stated in the tariff of Western Iowa Power Cooperative. The employees, authorized meter readers and contractors of Western Iowa Power Cooperative may enter the premises at reasonable times to repair, maintain or perform any other duties necessary to maintain satisfactory service.

**X** \_\_\_\_\_

Date \_\_\_\_\_

Member Signature

As a participant in a Federal utilities financing program, Western Iowa Power Cooperative is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate your checking the appropriate group listed below. Please note, your response is optional. The information you provide will be used for *FEDERAL GOVERNMENT REPORTING PURPOSES*. If you have questions, contact our office at 800-253-5189.

\_\_\_\_ White      \_\_\_\_ American Indian/Alaskan Native      \_\_\_\_ Black      \_\_\_\_ Hispanic      \_\_\_\_ Asian or Pacific Islander      \_\_\_\_ Other