



# Application for Service

Please fill out completely, sign, date, and return immediately. This application is **required** to meet membership obligations.

*All memberships are held jointly or as tenants in common in accordance with Adams-Columbia Electric Cooperative's Bylaws, unless specified otherwise. Signatures of husband and wife, or all tenants in common are required. If you have questions, please contact one of our Customer Service Representatives at (800) 831-8629. To return via fax: (608) 339-7756. To return via email: [acec@acecwi.com](mailto:acec@acecwi.com).*

Membership #: _____ Account #: _____ Security Deposit: _____ ACEC Location #: _____ (ACEC Office Use Only)
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## Applicant

First Name:	Middle Initial:	Last Name:
Social Security #:		Driver's License:
Date of Birth:	Email:	
Home Phone #:	Cell Phone #:	

## Spouse or Second Applicant

First Name:	Middle Initial:	Last Name:
Social Security #:		Driver's License:
Date of Birth:	Email:	
Home Phone #:	Cell Phone #:	

## Billing Address:

Mailing Address:	City:	State:	Zip:
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## Service Address (if different than above):

Street Address:	City:	State:	Zip:
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Owner     Renter – Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Property Description:  Full-time residence     Part-time residence (second home, etc.)     Agricultural, commercial, or other – please describe \_\_\_\_\_

Do you elect to be eligible for a discounted refund of patronage capital upon termination of membership as directed under #21 in the Membership Agreement?     Yes     No

Have you ever received electric service from ACEC before?     Yes     No

Would you like to participate in Operation Round-Up?     Yes     No

*By signing below, you are applying for and agree to become a member of ACEC and to accept all terms and conditions of membership as provided in the "Membership Agreement" included with this application.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Second Applicant Signature

\_\_\_\_\_  
Date