



People's Cooperative

Services

Your Touchstone Energy® Cooperative



3935 Highway 14 East
PO Box 339
Rochester, MN 55903-0339
Phone: (507) 288-4004
Fax: (507) 288-9438
Toll Free: 800-214-2694
Website: www.peoplesrec.com

Account Number: _____

Member Number: _____

MEMBERSHIP APPLICATION

The undersigned, hereinafter called the "Applicant" hereby applies for membership in and agrees to purchase electric energy from People's Cooperative Services, hereinafter called the "Cooperative," upon the following terms and conditions.

- 1. If a deposit is required it will be applied as a credit to the account at the end of 12 consecutive months if an acceptable credit history has been established.
2. The Applicant will cause buildings and premises to be wired in accordance with the National Electric Code and the Minnesota Wiring Regulations, and other wiring specifications approved by the Cooperative.
3. The Applicant agrees to hold the Cooperative harmless from any losses or damage to life or property resulting from power interruptions caused by acts of God or by circumstances beyond the control of the Cooperative, and/or the applicant's failure to have premises wired according to the National Electric Code and the State of Minnesota Wiring Regulations.
4. The Applicant will comply with and be bound by the Articles of Incorporation and By-Laws of the cooperative and such rules and regulations as may from time to time be adopted by the Cooperative.
5. The Applicant hereby grants, after acceptance of this application by the Cooperative and if Applicant is or becomes the owner of said properties, to the Cooperative the right and authority to enter upon Applicant's land to provide electric energy to the Applicant or electric energy distribution service to other property or persons.

APPLICANT NAME: _____

PRESENT EMPLOYER: _____ SOC SEC NBR: _____

EMAIL ADDRESS: _____ BIRTH DATE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

SPOUSE OR CO-APPLICANT NAME: _____

PRESENT EMPLOYER: _____ SOC SEC NBR: _____

WORK PHONE: _____ CELL PHONE: _____ BIRTH DATE: _____

BILLING ADDRESS: _____ SERVICE ADDRESS: _____

OPERATION ROUND UP® ENROLLED? YES NO LANDLORD: _____

→ APPLICANT SIGNATURE _____ DATE: _____

→ CO-APPLICANT SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

DEP TYPE/AMT: _____ MEM NBR/AMT: _____

SECRETARY: _____ DATE: _____