

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 _____
Member Signature

Date _____

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