P.O. Box 157 | Macon, MO 63552 | P: 660-385-3157 | F: 660-385-3334

## **Application For Membership and Contract for Electric Service**

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from Macon Electric Cooperative (hereinafter called the "Cooperative"), upon the following terms and conditions:

- 1. Applicant will become a member of the Cooperative if this application is accepted by the Cooperative.
- 2. Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his private property cannot be attached for any cooperative debts or liabilities.
- 3. Applicant agrees to comply with and be bound by, as though fully set out herein, all provisions of the Cooperative's Articles of Incorporation, By-laws and Policies as they presently exist, or as they may from time to time be adopted, rescinded, or amended by the Cooperative.
- 4. Applicant will, as soon as electric energy shall be available, purchase from the Cooperative all electric energy purchased for use on the premises specified in his application for membership and shall pay therefore monthly at rates which shall from time to time be fixed by the Board of Directors and in accordance with the By-laws of the Cooperative: provided, however, that the Board of Directors may limit the amount of electric energy which the Cooperative shall be required to furnish to any one member or industrial user. Production or use of electric energy on such premises, regardless of the source thereof, by means of facilities which shall be interconnected with Cooperative facilities, shall be subject to appropriate regulations as shall be fixed from time to time by the Cooperative. The applicant agrees to pay the applicable bill per month regardless of the number of kilowatt hours consumed.
- 5. The acceptance of this application by the Cooperative shall constitute a binding Agreement between the Applicant and the Cooperative. It is understood that it will be the Applicant's responsibility to contact the Cooperative when service is to be disconnected, and to provide the Cooperative with a forwarding address for final billing.
- 6. Applicant agrees to pay as part of amount due for monthly electric service the annual subscription to the Rural Missouri publication.
- 7. Applicant will furnish without cost, right-of-way required by the Cooperative to furnish electric service to Applicant. In addition, Applicant will furnish without cost, right-of-away over lands of Applicant in order that the Cooperative may construct, operate and maintain distribution lines to render electrical service to other Applicants or members of the Cooperative who cannot be conveniently and economically provided electric service in any other manner. Said right-of-way shall provide the Cooperative rights of ingress and egress for maintaining and operating the Cooperative's facilities, and all other duties necessary to operate and maintain the Cooperative's system.
- 8. Applicant agrees to pay service connection fees or deposits which are required by policy for a particular type of service.
- 9. Electric service is to be delivered and received at a point already existing on Applicant's premises. The Cooperative's meter shall constitute the point of delivery, and the Cooperative shall own, maintain or replace when necessary, and be responsible for, all poles, wires and appurtenances furnished to and including the delivery point. Applicant shall own, maintain or replace when necessary, and be responsible for, all poles, wires and appurtenances beyond the delivery point. Applicant further agrees to protect all Cooperative property, including electric meters, located on the premises of Applicant and to be responsible to and hold the Cooperative harmless from any unauthorized meter tamperings or diversions of electricity occurring on any premises of Applicant served by the Cooperative.
- 10. Cooperative shall use reasonable diligence to provide a constant and uninterrupted supply of electric power and energy; but if such supply shall fail or be interrupted, or become defective through act of God or the public enemy, or by accident, shortages of material, labor troubles, or by action of the elements, of inability to secure right-of-way or other permits needed, or for any other cause beyond the reasonable control of the Cooperative the Cooperative shall not be liable therefore.
- 11. Applicant will cause his premises to be wired and maintained in accordance with the most recent edition of the National Electric Safety Code and any other safety codes as approved the Cooperative.

Applicant(s) Signature*:	 / Dat	:e:

12. Applicant certifies that the <b>one</b> box marked is the predominant use of electricity. If energy purchased results in a sales tax liability due to use other than stated, the Applicant assumes responsibility for remitting such tax due directly to the Director, Missouri Department of Revenue.										
	Household	Agricultural	Commercial	[	Other - Specify: _					
13.	Is this location within	n the city limits?	☐ No	Yes	If yes, what city:					
	Member is require	ed to complete a Co	onsumer Agreemen	t for new s	ervice?	Yes	□No			
	Applicant/Organiz	ation Information								
			and signature(s) on both	sides of this	document for the an	nlicant and sno	nuse. The name(s) listed			
on	your account should b	e exactly as it appears	on your Social Security C	ard (or equiv	alent documentation)	•				
Na	me (First, Middle, Las	t) or Organization Name	e:					-		
Ph	ysical Address of Serv	rice:			City, State, Zip	):		-		
Ma	ailing Address:				City, State, Zi	p:		-		
Pri	mary Phone:		Additional F	Phone(s):				-		
E-	mail:							-		
So	cial Security Number/			Date of Birth:		_				
Ma	arital Status:	☐ Single	Married Div	vorced	Widowed					
An	plicant Signature*:					Date:				
			n - must be an authorized sigr							
	Spouse/Co-Applic	ant Information								
Na	me (First, Middle, Las	t):						-		
Pri	mary Phone:		Additional F	Phone(s):				-		
E-	mail:							-		
Social Security Number / Federal Tax ID:					Date of Birth:					
An	plicant Signature*:					Date:				
		sign up for Operati	•			Yes	□No			
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