**ELECTRIC SERVICE AND CO-OP MEMBERSHIP APPLICATION**

PO Box 40, Oakdale, WI 54649 | 800-241-2468 | Fax 608-372-5173 | [www.oakdalerec.com](http://www.oakdalerec.com)

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| ***OEC Use Only*** | **Location:**  | **Account:**  | **Customer:**  |

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| **APPLICANT** |
| NAME (First, MI, Last):        | SOCIAL SECURITY #:        |
| MAIDEN NAME:        | DATE OF BIRTH:        |
| HOME PHONE #:        | CELL #:        | WORK #:        |
| EMAIL ADDRESS:        |
| EMPLOYER:        |
| SERVICE ADDRESS:        |
| BILLING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)       |
| OWN  | [ ]  | RENT  | [ ]  | IF RENT, PROPERTY OWNER:       |
| TYPE OF SERVICE: (SELECT ONE BELOW) |
| PRIMARY RESIDENCE  | [ ]  | DAIRY FARM | [ ]  | COMMERCIAL | [ ]  | PUBLIC BUILDING | [ ]  |
| SEASONAL  | [ ]  | FARM-OTHER | [ ]  | IRRIGATION | [ ]  | OTHER | [ ]  |
| **CO-APPLICANT** |
| NAME (First, MI, Last):       | SOCIAL SECURITY #:        |
| MAIDEN NAME:        | DATE OF BIRTH:        |
| HOME PHONE #:       | CELL #:       | WORK #:       |
| EMPLOYER:       |
| **COMMERCIAL SERVICE ONLY** |
| BUSINESS NAME:        |
| TAX EXEMPT:       | NO [ ]   | YES [ ]   | IF YES, PLEASE PROVIDE FORM |
| TYPE OF BUSINESS: (SELECT ONE BELOW) |
| LIMITED LIABILITY  | [ ]  | INCORPORATED | [ ]  | SOLE PROPRIETORSHIP | [ ]  | PARTNERSHIP  | [ ]  |
| ADDRESS:       | STATE OF INCORPORATION/ORGANIZATION:       |
| FEDERAL ID/SOCIAL SECURITY:       |
| CONTACT PERSON:       | CELL #:       | WORK #:       |
| EMAIL ADDRESS:       |
| ADDITIONAL CONTACT:       | CELL #:       | WORK #:        |
| EMAIL ADDRESS:       |

By signing below, you are applying for and agree to become a member of Oakdale Electric Cooperative and to accept all terms and conditions of membership as provided in the "Membership Agreement Terms and Conditions.” This agreement for electric service shall remain in force until cancelled by withdrawal of the Applicant from membership in the Cooperative.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE DATE

Co-Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE DATE