



PO Box 386
 203 Elliott Avenue
 Hysham, MT 59038
 Phone: (406) 342-5521
 Fax: (406) 342-5511
 myec@myec.coop

APPLICATION FOR MEMBERSHIP

The undersigned (hereinafter called "Applicant(s)") hereby applies for membership and agrees to purchase electric energy from Mid-Yellowstone Electric Cooperative, Inc. (hereinafter called the "Cooperative") upon the following terms and conditions:

1. The Applicant(s), as soon as electric energy becomes available, will purchase all electric energy exclusively from the Cooperative, except such electric energy as may be generated by the Applicant, and shall pay therefore at rates that will be determined from time to time by the Cooperative's Board of Trustees.
2. The Applicant(s) will comply with and be bound by the provisions of the Articles of Incorporation, the By-laws of the Cooperative, and such rules and regulations as may, from time to time, be adopted by the Cooperative.
3. The Applicant(s), 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/her private property is exempt from execution for any such debts or liabilities.
4. The Applicant(s) will cause his/her premises to be wired in accordance with wiring specifications approved by the Cooperative or the applicable state authority having jurisdiction.
5. The Applicant(s), if a land owner, hereby agrees to grant to the Cooperative the right to operate, repair and maintain on his/her premises, and in or upon streets, roads, highways abutting such premises, its electric distribution and service lines and electrical apparatus and, also, the right to cut or trim trees necessary to keep them clear of all parts of the electrical system.
6. The Applicant(s) agrees that all poles, wiring, and other facilities installed on his/her premises at the Cooperative's expense, even if the Applicant(s) was required to make a 'Contribution in Aid of Construction', shall remain the property of the Cooperative, removable at the option of the Cooperative upon termination of Service to or upon said premise.

 Applicant Name (please print)

 Applicant Name (please print) (if joint membership)

 Applicant Signature

 Applicant Signature (if joint membership)

 Applicant's Social Security Number

 Applicant's Social Security Number

 Phone Number

 Phone Number

 Current Mailing Address

 Previous Address

 Service Address

 Date

Email Address: _____

This institution is an equal opportunity provider and employer.

For Office Use Only	
Account # _____	
Customer # _____	
DocVault <input type="checkbox"/>	