



# Albemarle Electric Membership Corporation

Post Office Box 69, Hertford, N.C. 27944-0069  
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270



## Application for Membership and Service Agreement

To be considered for electric service from, and for membership with, Albemarle Electric Membership Corporation, all applicable information must be completed. Based on the results of a credit report, a security deposit may be required to activate your electric service, and it must be paid prior to activation.

Applicant \_\_\_\_\_  
(Please print name as you wish it to appear on your bill)

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

Co-Applicant (if joint account is desired) \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_

(Optional) Mobile/Beeper \_\_\_\_\_ Email Address \_\_\_\_\_

IF ACCOUNT IS NOT JOINT: Spouse's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

By signing below, the undersigned hereby applies for electric service to be provided by the Cooperative and authorizes the Cooperative to perform a credit check to determine credit-worthiness. Furthermore, the undersigned agrees to pay a connect fee, a security deposit based on credit score, and be bound by all provisions in the Cooperative's Bylaws and Service Rules and Regulations, along with all applicable laws, rules, regulations, statutes, and ordinances as they may now exist and as they may be modified from time to time.

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Date

For Co-Op Use Only: Member # \_\_\_\_\_ Service Order# \_\_\_\_\_

Location Name or Area \_\_\_\_\_ Location # \_\_\_\_\_

OnLine Score \_\_\_\_\_ Deposit Amount Due \_\_\_\_\_ Date Connect Fee/Deposit Paid \_\_\_\_\_