



APPLICATION FOR NEW MEMBERSHIP & ELECTRIC SERVICE

FOR OFFICE USE ONLY

Membership # _____

Acct # _____

CSR Initials: _____

Membership Card Signed

Type of Account: **Regular Billing** or **Prepaid Metering** (additional form required)

Single

Joint (both parties must sign)

Sole Proprietor (dba)

Corporation, Association, Partnership

Name/s: _____ Date: _____

Are you a former or current CVEA member? Yes No

I/we apply for membership in Copper Valley Electric Association, Inc. and request electric utility service to the premises listed below.

Service Location: _____

Date applicant/s ready to receive service: _____

Is location currently serviced by CVEA? Yes No

Most recent member name at location, if known: _____

Type of Service: Residential Commercial Church/Nonprofit

Do you own or rent the location? Own Rent

If renting, please provide Landlord contact information:

Name: _____ Phone No: _____

Is life-support equipment used at this service location? Yes No
(i.e., heart monitor, oxygen concentrator, medical transmitter, etc.)

If yes, please provide name of person using equipment and type of equipment used, as well as how much battery backup there is, if any:

Would you like to enroll in Auto Pay? Yes (additional form required) No
(Not for Prepaid Metering)

Would you like to participate in CVEA's round-up program? This program rounds up your monthly bill to the nearest dollar to help fund scholarships awarded to local students through the CVEA Community Foundation, which is a 501(c)(3) nonprofit organization. Yes No

APPLICANT INFORMATION

| | | Applicant/Owner/Corporate Officer | Co-Applicant/Corporate Officer |
|-----|---------------------------|-----------------------------------|--------------------------------|
| 1. | Name | | |
| 2. | Former/Maiden Name | | |
| 3. | Mailing Address | | |
| 4. | Home Phone | | |
| 5. | Work Phone | | |
| 6. | Cell Phone | | |
| 7. | Email Address | | |
| 8. | Social Security # or EIN | | |
| 9. | ID/DL # and issuing State | | |
| 10. | Date of Birth | | |
| 11. | Employer | | |

Name, Address & Phone # of nearest relative not living with you: _____

Person/s **other than signers*** authorized to:

Receive Information including disconnect notice
 Third Party

Disconnect/Reconnect Account or Update Info.
 Full Access

Check both if applicable. Attach additional names if necessary. (**These are not signers and cannot vote.*)

Name

Name

Address

Address

Phone & Email

Phone & Email

PLEASE NOTE: *METER ACCESS IS A REQUIREMENT FOR SERVICE. FAILURE TO PROVIDE SAFE ACCESS MAY RESULT IN DISCONTINUED SERVICE.

I agree to comply with Copper Valley Electric Association's Bylaws as amended (posted at www.cvea.org) and its regulations and tariffs. I agree to promptly pay all Copper Valley Electric Association bills and to submit all changes to this account in writing. I understand that failure to keep these agreements can result in suspension of service and termination of membership.

Applicant Signature

Date

Co-Applicant Signature

Date

PREPAID METERING AGREEMENT

By this Application, and in consideration of the benefits to be provided by CVEA under its prepaid metering option, the adequacy and sufficiency of which are hereby acknowledged, applicant agrees as follows:

1. I agree to pay for and receive electric service from CVEA under the prepaid metering option.
2. I understand and agree that I will not receive bills for electric service, but instead will be responsible for advance payment of electric service by making prepayments to CVEA for future use of electric service. As a prepaid metering customer I will not be required to pay customer deposits, late fees, or reconnection fees associated with prepaid metering electric service, for as long as enrollment exists in the program.
3. I certify that I will remain a residential electric customer eligible for service under CVEA's Residential Rate Schedule.
4. I understand that my electric service will automatically be disconnected if I allow my prepaid balance to decline below the minimum balance of \$0.00. I further agree that CVEA's normal procedures for disconnection and notice of disconnection of electric service shall not apply with respect to electric service provided under prepaid metering. I agree that I will immediately notify CVEA of any changes to my e-mail address and mobile telephone numbers to enable CVEA to notify me.
5. As a tenant to this service location, my landlord has agreed to allow me take electric service under CVEA's prepaid metering program, and I will immediately notify the landlord when/if my prepaid balance falls below the \$0.00 minimum.
6. I agree that, in addition to any limitations of liability provided for in CVEA's Tariff, and by applicable law, CVEA shall not be liable for any injury, loss, or damage resulting from any disconnection or interruption of electric service that results from my failure to make timely prepayments for electric service.
7. I agree that I must contact CVEA in writing if I no longer want to be enrolled in the program, and a deposit may be required as stated in CVEA's Tariff.
8. I agree that if I tender an NSF check, I will be charged a fee as set forth in the applicable Schedule of Fees. I also understand that if I tender two NSF checks to the Cooperative within a 12-month period, I may be denied the privilege of paying by personal checks. Future payments will be required to be in cash or credit/debit card.
9. **I understand if the account is disconnected for more than 30 days, it will be closed and a final bill for any remaining balance will be sent to me.**

Applicant Signature

Date

Co-Applicant Signature

Date

Landlord Signature

Date

COPPER VALLEY ELECTRIC ASSOCIATION, INC. SIGNATURE CARD

MEMBERSHIP # _____ **DATE** _____

It is the intent, by signature below, that the membership will be carried on the books of Copper Valley Electric Association Inc. as:

Please Print Member Name

Please Print Member Name

The above named person(s) will vote (either, but not both) the membership, as prescribed in the Copper Valley Electric Association Inc. Bylaws.

Signature(s) below (either, but not both) is the signature that will appear on ballots submitted by this membership.

Member Signature
Digital Signatures are not accepted

Member Signature
Digital Signatures are not accepted

Note: It is your responsibility to notify CVEA of any changes to the status of your account.

**COPPER VALLEY ELECTRIC ASSOCIATION, INC.
COMMERCIAL SIGNATURE CARD**

MEMBERSHIP # _____ **DATE:** _____

___ **Corporation** ___ **Partnership** ___ **Association**

It is the intent that the membership will be carried on the books of Copper Valley Electric Association, Inc. as:

(Business Name – Please print or type)

The officers/partners are:

The above named officers/partners will vote (one, but not all) the membership, as prescribed in the Copper Valley Electric Association, Inc. Bylaws, except as otherwise designated by Corporate Resolution.

Signature(s) below (one, but not all) is the signature that will appear on ballots submitted by this membership.

Digital signatures are not accepted.

It is your responsibility to notify CVEA of any changes in the status of your account



DATA COLLECTION INFORMATION (OPTIONAL)

As a recipient of federal assistance, Copper Valley Electric Association 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 and returning this form to us within two weeks.

Please note your response is optional. The information you provide will be considered confidential and used only for Federal Government Reporting Purposes.

Should you have any questions, you may contact our customer service personnel at 822-3211 or 835-4301.

Thank you for your cooperation in this matter.

YOUR NAME: _____

ADDRESS: _____

RACIAL/ETHNIC GROUP:

- a. White (not of Hispanic Origin)
- b. Black (not of Hispanic Origin)
- c. Hispanic
- d. American Indian or Alaskan Native
- e. Asian or Pacific Islander

Please return this form to: Copper Valley Electric Association, Inc.
P.O. Box 45
Glennallen, AK 99588