



## Application for New Membership and Electric Service

P.O. Box 45  
Glennallen, AK 99588  
(907) 822-3211

[customerservice@cvea.org](mailto:customerservice@cvea.org)

### Account Holder(s) and Service Location

Name(s)/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

Location: \_\_\_\_\_ Date ready to receive service: \_\_\_\_\_

Are you a former or current CVEA member? ☐ Yes ☐ No

Is the location currently serviced by CVEA? ☐ Yes ☐ No

Most recent member name at location, if known: \_\_\_\_\_

Type of Service: ☐ Residential ☐ Business – EIN # \_\_\_\_\_

Do you own or rent the location? ☐ Own ☐ Rent ☐ In process of purchasing

Is the location your permanent residence? ☐ Yes ☐ No

If renting, please provide Landlord contact information:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Account Details

Type of Billing: ☐ Regular Billing ☐ Prepaid Metering (additional form required)

Type of Account: ☐ Joint (both parties must sign) ☐ Single  
☐ Sole Proprietor (dba) ☐ Corporation, Association, Partnership

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

Would you like to enroll in Auto Pay? ☐ Yes (additional form required; for **Regular Billing** only) ☐ No

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 for students and contributes to educational, scientific, and charitable organizations in our communities through the CVEA Community Foundation, which is a 501(c)(3) nonprofit organization. ☐ Yes ☐ No

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

### For Office Use Only:

Membership # \_\_\_\_\_ Account # \_\_\_\_\_ Signed Membership Card ☐ CSR Initials: \_\_\_\_\_

**Applicant Information**

	Applicant		Co-Applciant		
Names	First	Last	First	Last	
Maiden Name					
Contact Information	Mailing Address		City	State	Zip
Phone	Home	Cell	Home	Cell	
Email Address					

ID or Driver's License	#	State	#	State
Date of Birth				
Social Security #				
Employer (Applicant)			Phone	
Employer (Co-Applciant)			Phone	

**To Add Authorized Person(s) on your Account, Please Choose from the Following Options (Optional)**

<input type="checkbox"/> <b>Full Access</b>	Those able to receive all information, able to disconnect/reconnect account and update account information			
Name		Additional Contact		
Phone				
Email				
<input type="checkbox"/> <b>Third Party</b>	Your alternative contact if CVEA is unable to contact you, those listed can receive information including disconnect notices			
Name		Additional Contact		
Phone				
Email				

**Data Collection Information (Optional)**

As a recipient of federal assistance, CVEA is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. The information you provide will be considered confidential and used only for Federal Government Reporting Purposes. Select one or more.

American Indian or Alaska Native	Asian	Black or African American
Hispanic or Latino	White	Native Hawaiian or Other Pacific Islander

I agree to comply with Copper Valley Electric Association's Bylaws as amended (posted at [www.cvea.org](http://www.cvea.org)) and its regulations and Tariff. 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-Applciant Signature

Date

**\*Digital signatures are not accepted\***