



## APPLICATION FOR NEW MEMBERSHIP & ELECTRIC SERVICE

**FOR OFFICE USE ONLY**

Membership # \_\_\_\_\_

Acct # \_\_\_\_\_

CSR Initials: \_\_\_\_\_

Membership Card Signed

Type of Account:

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., breathing machine, 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

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		

Preferred Method of Contact:  Email  Cell Phone  Home phone  Work Phone

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

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

Receive Information or Make Payments  Disconnect/Reconnect Account or Update Info

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](http://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

\_\_\_\_\_  
Co-Applicant Signature

**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

\_\_\_\_\_  
Member Signature

Note: It is your responsibility to notify CVEA or any changes in the status of your account.  
Rev. 1/12

**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.

\_\_\_\_\_  
\_\_\_\_\_

(Please sign)

Rev. 9/12 Accepted by: \_\_\_\_\_

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



PO Box 45  
Glennallen, AK 99588  
(907) 822-3211 Copper Basin  
(907) 835-4301 Valdez

## Automatic Credit Card Payment Agreement

For your convenience, you may have your monthly electric bill charges automatically paid from your personal debit or credit card with the following logos (Visa, MasterCard, or Discover).

There are two ways to enroll; online via our website ([www.cvea.org](http://www.cvea.org)) or by completing and submitting this form at either of our office locations. For security reasons CVEA does not store credit card numbers at our office. You will be required to provide your credit card information in person initially to set up the service. It is your responsibility to manage your information through CVEA's ebill website or at your local CVEA office in order to keep your credit card information current.

Customer Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

CVEA Account #(s): \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Credit Card Type:     VISA                       MASTERCARD                       DISCOVER

Credit Card # (last four digits only): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_      Expiration Date: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

- As required by tariff CVEA bills are due when rendered. This credit card transaction will be processed within 5 days of the billing date.
- The credit card charge will equal the "amount due" on the statement.
- Auto pay will not be effective until the next billing date.
- Failure to maintain auto pay information which results in inability to charge the card will result in collection action and disconnection of service.

I accept the terms listed above and will be responsible for notifying, in writing, CVEA one month in advance if cancellation of this service is requested, or if there are any changes to the information listed above.

\_\_\_\_\_  
Cardholder's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder's Signature



## 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