



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

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



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) 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 required: _____

- 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