



# APPLICATION FOR MEMBERSHIP

Mississippi County Electric Cooperative  
Your Local Energy Partner  
510 North Broadway - PO Box 7 • Blytheville, Arkansas 72316-0007  
(870) 763-4563 or 1-800-439-4563

\_\_\_\_\_ Renter  
\_\_\_\_\_ Home Owner  
\_\_\_\_\_ Prev. Serv.

Please present identification to cashier

Please print:

\_\_\_\_\_  
Last First Middle

Place of Employment \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_

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

Telephone-Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_

Circle: Single Married Divorced Separated Widow

911 Service Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Spouse or Roommate:

\_\_\_\_\_  
Last First Middle

Place of Employment \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone - Home \_\_\_\_\_ Work \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Circle: Single Married Divorced Separated Widow

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

The Cooperative agrees to furnish electric service at the standard 120/240 volts AC, unless otherwise stated in accordance with the approved Schedules, Rules and Regulations.

\$7.00 from your yearly electric bill will be allocated for a subscription to Rural Arkansas.

I do hereby apply for membership in the Mississippi County Electric Cooperative, Inc. (hereinafter called the "Cooperative"), and upon acceptance into said Cooperative, agree to abide by all terms, conditions and limitations of the articles of incorporation and by-laws of the Cooperative and all amendments thereto. I also certify that the information provided on this application is true and accurate to the best of my knowledge.

Previous Address:

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_

\_\_\_\_\_  
Signature of spouse/roommate

OFFICE USE ONLY: Date \_\_\_\_\_

Group A B C D E

Map # \_\_\_\_\_

Office \_\_\_\_\_ Serviceman \_\_\_\_\_

Date Service Desired \_\_\_\_\_

Class and Grade of Service \_\_\_\_\_

Estimated Service Date \_\_\_\_\_

Availability of Facilities \_\_\_\_\_

Date Service Provided \_\_\_\_\_

Reason if Delayed \_\_\_\_\_

Remarks: \_\_\_\_\_