

ELECTRIC SERVICE AND CO-OP MEMBERSHIP APPLICATION

PO Box 40, Oakdale, WI 54649 | 800-241-2468 | Fax 608-372-5173 | www.oakdalerec.coop



<i>OEC Use Only</i>	Location:	Account:	Customer:
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APPLICANT			
NAME (First, MI, Last):		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH:	
HOME PHONE #:	CELL #:	WORK #:	
EMAIL ADDRESS:			
EMPLOYER:			
SERVICE ADDRESS:			
BILLING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)			
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	IF RENT, PROPERTY OWNER:	
TYPE OF SERVICE: (SELECT ONE BELOW)			
PRIMARY RESIDENCE <input type="checkbox"/>	DAIRY FARM <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	PUBLIC BUILDING <input type="checkbox"/>
SEASONAL <input type="checkbox"/>	FARM-OTHER <input type="checkbox"/>	IRRIGATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
CO-APPLICANT			
NAME (First, MI, Last):		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH:	
HOME PHONE #:	CELL #:	WORK #:	
EMPLOYER:			
COMMERCIAL SERVICE ONLY			
BUSINESS NAME:			
TAX EXEMPT: NO <input type="checkbox"/>		YES <input type="checkbox"/> IF YES, PLEASE PROVIDE FORM	
TYPE OF BUSINESS: (SELECT ONE BELOW)			
LIMITED LIABILITY <input type="checkbox"/>	INCORPORATED <input type="checkbox"/>	SOLE PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
FEDERAL ID/SOCIAL SECURITY:		STATE OF INCORPORATION/ORGANIZATION:	
SERVICE ADDRESS:		BILLING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)	
CONTACT PERSON:	CELL #:	WORK #:	
EMAIL ADDRESS:			
ADDITIONAL CONTACT:	CELL #:	WORK #:	
EMAIL ADDRESS:			

By signing below, you are applying for and agree to become a member of Oakdale Electric Cooperative and to accept all terms and conditions of membership as provided in the "Membership Agreement Terms and Conditions." This agreement for electric service shall remain in force until cancelled by withdrawal of the Applicant from membership in the Cooperative.

Applicant: _____
SIGNATURE DATE

Co-Applicant: _____
SIGNATURE DATE