



Application For Membership and Electric Service

Please complete and return to: 8757 Hwy. N, Lake Saint Louis, MO 63367
or email to consumerchange@cuivre.com.

For assistance call: 800-392-3709

Member # _____

Location # _____

The undersigned (hereinafter referred to as "Applicant") hereby applies for electric energy service from Cuivre River Electric Cooperative (referred to hereinafter as "the Cooperative") upon the following terms and conditions:

1. The Applicant will purchase from the Cooperative all electric energy used on the premises described below and will pay monthly thereafter at rates to be determined from time to time in accordance with the by-laws of the Cooperative. A \$20.00 non-refundable set up fee will be added to the first month's electric bill.
2. The Applicant will comply with and be bound by the provisions of the charter and by-laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
3. The Applicant assumes no personal liability or responsibility for any debts or liabilities of the Cooperative by reason of this application.
4. As a Cooperative member the Applicant shall (a) receive the *Rural Missouri/Current Times*, a monthly newspaper which communicates official notices of Cuivre River Electric Cooperative, and (b) be included in the *Operation Round Up* program, which funds the Cuivre River Electric Community Trust. (For more information request a *Member Handbook*, or visit www.cuivre.com.)
5. Applicant may be required to pay a security deposit. The Cooperative reserves the right to require payment in full before establishing service. In cases where deferred payment is authorized, the amount must be paid within 10 days of the meter connect date.
6. The Cooperative reserves the right to charge fees to recover agency costs incurred when collecting delinquent payments.
7. The Applicant must designate the predominate use of electricity on the premises from among the choices listed below. Failure to do so will result in sales tax liability to the Missouri Department of Revenue. Please check only one category which corresponds with your predominate use:

_____ Household _____ Rental Property Owner _____ Farming _____ Other(Specify)_____

Applicant Information Name & Mailing Address:

E-Mail Address: _____

Social Security #: _____

****Signature** _____

Employer's Name and Address

Your Telephone #s

Home: _____

Work: _____

Cell: _____

Other# & Contact Name: _____

Co-Applicant Information Name & Mailing Address:

E-Mail Address: _____

Social Security #: _____

****Signature** _____

Employer's Name and Address

Your Telephone #s

Home: _____

Work: _____

Cell: _____

Other# & Contact Name: _____

Do you own(Y/N)_____ or rent(Y/N)_____? If renting who is the property owner?_____