

**APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE**  
**Orange County Rural Electric Membership Corporation**

Map Location \_\_\_\_\_ Account # \_\_\_\_\_

Date you would like to start service \_\_\_\_\_

**Applicant Information**

Member/Company Name \_\_\_\_\_

DOB \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

SSN/Tax ID# \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

**Spouse/Co-Applicant**

Member/Company Name \_\_\_\_\_

DOB \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

SSN/Tax ID# \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

*\*As a Co-Applicant/Responsible Party, you may alter the nature of this account(s) and request any information concerning this account. As Co-Applicant/Responsible Party, you also accept any liability for any debt incurred on the account.*

**Service Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you the property owner? Yes \_\_\_ No \_\_\_

Landlord's Name \_\_\_\_\_ Landlord's # \_\_\_\_\_

I have an existing fiber or phone account  
Yes \_\_\_ No \_\_\_

I would like to enroll in paperless billing  
Yes \_\_\_ No \_\_\_

I would like to connect a security light  
(if applicable) (additional charges apply)  
Yes \_\_\_ No \_\_\_

I would like to enroll in Operation Round-Up  
Yes \_\_\_ No \_\_\_

Agreement

The undersigned hereby requests membership in Orange County REMC. I/we agree to be bound by the Articles of Incorporation, the Bylaws, and amendments thereto, and such rules and regulations may be adopted from time to time by the Board of Directors. All statements are true and complete to the best of my/our knowledge. I/we agree to pay valid bills for Orange County REMC services. If I/we fail to pay for the services, I/we understand that I/we will be responsible for attorney fees and other costs of collection incurred by Orange County REMC equal to 35% of the amount due. If applicant is not already a member, this Agreement shall constitute an application for membership in the Cooperative. By signing the Agreement, member (including both parties to a joint membership) hereby give (s) the Cooperative permission to collect prior credit history for the purpose of determining deposit amount.

Further, I/we agree, in order for Orange County REMC to service this account or to collect any amounts owed, REMC may contact me by telephone at any telephone number associated with this account, including wireless telephone numbers, which could result in charges to me. REMC may also contact me by email using any email address that I may provide. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

The Cooperative shall use reasonable diligence to provide a constant and uninterrupted supply of electric power and energy here under. If the supply of electric power shall fail or be interrupted, or become defective through an act of God, government authority, action of the elements, public enemy, accident, labor trouble, required maintenance work, inability to secure the right-of-way, or any other cause beyond the reasonable control of the Cooperative, the Cooperative shall not be liable therefore or for damages caused thereby.

A minimum of \$5 is required for all credit and debit card payments unless the final bill is less than \$5.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

The following question is optional. Do you consider yourself to have racial or ethnic minority status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes, of what call do you consider yourself? \_\_\_\_\_

***This institution is an equal opportunity provider and employer.***

DO NOT WRITE BELOW THIS LINE – REMC USE ONLY

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Copy of Photo ID	_____	Credit Check	_____
Membership Paid	_____	OLUE to Hannah	_____
Deposit Required	_____	Prepaid Contract Signed	_____
Medical Monitoring	_____	Home Security	_____
Application Signed	_____		