

INSTRUCTIONS: PLEASE SAVE THIS PAGE TO YOUR COMPUTER. PLEASE READ AGREEMENT, COMPLETE ALL FIELDS, LIST NAME OF JOINT APPLICANT, AND SAVE. REOPEN THE DOCUMENT TO DOUBLECHECK THAT ANY CHANGES HAVE BEEN SAVED. THEN, EITHER:

-**EMAIL** TO MOR-GRAN-SOU ELECTRIC COOPERATIVE AT INFO@MORGRANSOU.COM OR

-**MAIL** TO MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC., PO BOX 297, FLASHER, ND 58535-0297.

MEMBERSHIP APPLICATION AND AGREEMENT FOR PURCHASE OF ELECTRIC POWER

The undersigned (hereinafter referred to as "Applicant") hereby applies for membership in and agrees to purchase electric energy from MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC. (hereinafter referred to as "Cooperative"), upon the following terms and conditions; and agrees to be bound by the bylaws, policies and Services Rules & Regulations of the Cooperative.

Applicant hereby states under oath that he/she is of legal age and is the owner of or the bona fide tenant of the premises for which electric service has been requested and further asserts under oath this request is not made for purposes of obtaining electric service for some other person, persons or organization who themselves are ineligible for connection or reconnection under the Services Rules and Regulations.

Applicant hereby grants the Cooperative a security interest in the Applicant's capital credit account to secure any and all indebtedness of any kind owed by the Applicant to Cooperative including but not limited to electric bills and other contractual agreements owed by the Applicant to the Cooperative. The Applicant's capital credit account shall be retained in the possession of the Cooperative.

By signing this document, it is acknowledged that Applicant has requested electric service from Cooperative.

.....Please complete all items below.....

Signature of Applicant	Please give names & address of nearest relative not living with you.
Applicant social security	
E-mail address	
Today's Date	Is this a partnership? Yes No
	Is this a corporation? Yes No
Signature Joint Applicant	Have you ever been a consumer of Mor-Gran-Sou before? Yes No
Joint applicant social security #	
Today's Date	If yes, what name was account listed in?
	Does this service have any electric heat? Yes No
Street Address or Rural Route, or PO Box #	Does this service have dual heat? Yes No
City, State, Zip Code	If yes, list type
Telephone Number	Class of Service: (home, business, industrial, cabin, farm, pasture well, irrigation)

PROPERTY DESCRIPTION

Tract (Lot)	Section (Block)
Property Address	Range(Addition)
Township (City)	Owner

OFFICE USE ONLY

Account #

Location #

Ref. Work order #

Membership #

MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC.

P. O. BOX 297 - FLASHER, ND 58535-0297

Phone: 597-3301 or toll-free 1-800-750-8212

Email: info@morgransou.com

Web Site: www.morgransou.com

Rental Information

If you are a tenant renting the home where power is requested, please complete:

Home Owner's Name:

Phone:

Street Address:

City, State, Zip

Emergency Information

To enable Mor-Gran-Sou Electric Cooperative, Inc., to serve our members better, we request information from consumers who may experience life-threatening conditions in case of extended outages or from disconnect during normal operation of the Cooperative. If such a condition exists in your home, please complete the questionnaire below:

Do you have an emergency medical condition or is anyone on a life-support system? If yes, please state your condition or contact Mor-Gran-Sou, and you will be notified of any planned outages.

Condition:

Your name:

Date:

Address:

Phone: (Home)

and (Work)

Member Signature: _____

Data Collection Information

As participant in a Federal utilities financing program, Mor-Gran-Sou Electric Cooperative, Inc., 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 return this form. Please note your response is optional. The information you provide will be used only for FEDERAL GOVERNMENT REPORTING PURPOSES. If you have any questions concerning this, please contact Mor-Gran-Sou Electric at the address listed above.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino

Not Hispanic or Latino

Capital Credit Refund

For **Capital Credit refund purposes**, please complete the following:

Applicant date of birth:

Joint Applicant date of birth:

Joint Applicant's Name:

PLEASE RETURN THIS FORM TO THE MOR-GRAN-SOU ADDRESS ABOVE OR BY EMAIL AT INFO@MORGRANSOU.COM.