

INSTRUCTIONS: PLEASE READ AGREEMENT, COMPLETE ALL BLANKS, LIST NAME OF JOINT APPLICANT, SIGN, AND EITHER:

-MAIL TO MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC., PO BOX 297, FLASHER, ND 58535-0297. (Fax: 701-597-3915)

-EMAIL 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.....

Print name of **Applicant**:

Please give names & address of nearest relative not living with you.

Signature of **Applicant**

Applicant social security #

E-mail address

Today's Date

Is this a partnership? Yes___ No___

Is this a corporation? Yes___ No___

Have you ever been a consumer of Mor-Gran-Sou before?
Yes___ No___

Signature **Joint Applicant**

Joint applicant social security #

Today's Date

If yes, what name was account listed in? _____

Does this service have any electric heat? Yes___ No___

Does this service have dual heat? Yes___ No___

Street Address or Rural Route, or PO Box #

If yes, list type _____

City, State, Zip Code

Class of Service _____
(home, business, industrial, cabin, farm, pasture well, irrigation)

Telephone Number

PROPERTY DESCRIPTION

Tract (Lot)

Section (Block)

Property address

Range (Addition)

Township (City)

Owner

OFFICE USE ONLY

Account #

Location #

Ref. Work Order #

Membership #

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. It shall be the responsibility of each member to keep the Cooperative informed of any changes in their Emergency Information status.

Condition: _____

Doctor's Name: _____ Clinic/Hospital: _____

Your name: _____ Date: _____

Address: _____

Phone: (Home) _____ (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 Cooperative, Inc.

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.**