

Individual and Joint Membership Application

Form must be returned within 10 days or a \$50 fee will be applied to the account.

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from MiEnergy Cooperative (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. The Applicant will be responsible for the electric account(s) from the connect date to the time they notify the Cooperative to disconnect or cancel service.
2. The Applicant will meet all applicable federal and state safety standards relative to the electric service utilized on the Applicant's premises.
3. The Applicant will comply with and be bound by the articles of incorporation and bylaws of the Cooperative (available upon request) and such rules and regulations as may from time to time be adopted by the Cooperative.
4. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law the Applicant's private property shall not be subject to execution for any such debts or liabilities.
5. The Applicant shall execute and deliver to the Cooperative grants of easement or right-of-way on, or under such lands owned by the Applicant, and in accordance with such reasonable terms and conditions, as the Cooperative shall require for the furnishing of electric service to the Applicant or other members, or for the construction, operations and maintenance, or the relocations, of the Cooperative's electric facilities.
6. The Applicant understands that the Cooperative must verify the member(s) identity through a consumer credit reporting agency to comply with Federal Red Flag Rules in addition to submitting a credit check to determine if a deposit will be required.

A signature by the Applicant indicates they are at least 18 years old and the information provided on this form is correct. The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and Cooperative.

INDIVIDUAL (PRIMARY) APPLICANT INFORMATION

Name to appear on bill: _____
Last name First name MI

Signature: _____

Today's Date: _____

Social Security No.: _____

Date of Birth: _____

Driver's License No.: _____ State: _____

Employer: _____

When providing the phone number(s) below, please check the box to indicate the preferred number(s) for contacting you.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Previous Address: _____

JOINT APPLICANT (SECONDARY) INFORMATION (IF APPLICABLE)

Joint name to appear on bill: _____
Last Name First Name MI

Signature: _____

Today's Date: _____

Social Security No.: _____

Date of Birth: _____

Driver's License No.: _____ State: _____

Employer: _____

When providing the phone number(s) below, please check the box to indicate the preferred number(s) for contacting you.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Previous Address: _____

ADDRESS INFORMATION

Service Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

PROPERTY INFORMATION

Do you own/rent this property? Own Rent

If renting or leasing, please provide the property owner's information:

Name: _____

Address: _____

Phone Number: _____

Operation Round Up - OPT OUT

▶ **Operation Round Up** helps local organizations with spare change. New members are enrolled to have their electric bill rounded up to the next dollar with the extra change going to Operation Round Up. The average annual contribution is \$6. The most a member could contribute this way is \$11.88 (99¢ per month). I understand that my electric bill will be rounded up to the next dollar each month with the extra amount going to Operation Round Up.

No, do not enroll my account in Operation Round Up.

RECare - OPTIONAL

▶ **RECare** helps assist other members who need help paying utility bills. Consider a one-time contribution or choose a specific dollar amount to be pledged each month.

Yes, I would like to make a one-time contribution to RECare. My check addressed to MiEnergy Cooperative is enclosed.

Yes, I would like to make a monthly contribution to RECare. I understand by checking this box that the amount below will be added to my electric bill each month.

The amount I would like to contribute monthly to RECare is, check one: \$1 \$2 \$5 Other: _____

Payment programs - OPTIONAL

▶ AUTOMATIC PAYMENTS

You can have your electric bill paid automatically each month via your checking or savings account. The Cooperative also takes automatic payments from Visa, MasterCard or Discover debit and credit cards. Call MiEnergy at 1-800-432-2285 or complete the online form at www.MiEnergy.coop to sign up.

▶ SMARTHUB - ONLINE ACCOUNT ACCESS

You can access your electric account information 24/7 from your smartphone, tablet or computer. Once you have your account number you can sign up for automatic bill payments, pay your bill, view daily energy use and more. Visit www.MiEnergy.coop for more information.

Data collections information - OPTIONAL

As a participant in a federal utilities financing program, MiEnergy Cooperative 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 you checking the appropriate group listed below. Please note your response is optional. The information you provide will be used only for federal government reporting purposes. Should you have any questions, please contact our office.

Ethnicity: American Indian or Alaska Native Black or African American
 Asian White Other ethnicity: _____

Ethnic categories: Hispanic or Latino Not Hispanic or Latino

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

**If you have questions about this application, please call MiEnergy Cooperative at 800-432-2285.
RETURN FORM IN THE ENCLOSED BUSINESS REPLY ENVELOPE**