

APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership in Franklin Rural Electric Cooperative (hereinafter called the "Association") and agrees upon the following terms and conditions:

1. To complete this application and pay a deposit fee of \$____ or supply an approved letter of credit.
2. To purchase electrical service from the Association and to pay monthly in accordance with the rate schedule and rules and regulations established by the Board of Directors of the Association.
3. The undersigned shall comply with and be bound by the provisions of the Articles of Incorporation and By-Laws of the Association and all rules and regulations as may be adopted by the Board of Directors from time to time.
4. The Acceptance of the application by the Board of Directors of the Association shall constitute an agreement by and between the Association and the undersigned upon the terms hereinabove set forth. The Association agrees to use reasonable diligence in providing electrical service and shall not be liable for damages to the undersigned for failure temporarily to supply electrical service to said premises.

PRINT Applicant Name & Spouse (if joint membership)

Social Security # or Fed ID #

Signature

Spouse's Social Security #

Address

Certificate Issued Number

City, State, Zip

Electric Service- Residential or Nonresidential (circle)

Owner: Yes of No

If No—owner's name _____

Primary Phone

Secondary Phone

This institution is an equal opportunity provider and employer.

Contact Information

Best phone number: _____ **Email Address:** _____

Would Franklin REC be able to send information via text message to the phone number listed above? **Yes** _____ **No** _____

Preferred method of contact:

Phone Call: _____

Text Message: _____

Email: _____

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

_____ I do not wish to furnish this information.

Race or Ethnic Background: (Mark one)

White

Hispanic or Latino

Asian

Black or African American

American Indian/ Alaska Native

Native Hawaiian/ Other Pacific Islander