

LOEMC OFFICE USE ONLY
_____ ACCOUNT #
_____ LOCATION #
_____ METER #
_____ SERVICE ORDER #
_____ CO-OP EMPLOYEE
_____ DATE

**APPLICATION FOR MEMBERSHIP FOR
ELECTRIC SERVICE**

**Little Ocmulgee Electric Membership Corporation
Alamo, GA**

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

1. This application shall be accompanied by the membership fee of \$5.00 or any future applicable rate as set forth by the Board of Directors as provided for in the By-Laws of the Cooperative, together with a security deposit, service connection deposit, or contribution for aid-in-construction as required by the policies and rates of the Cooperative for each service (if applicable). With respect to any particular classification of service for which the Board of Directors shall require, such application shall be accompanied by a supplemental contract, executed by the Applicant on such form as is provided therefore by the Cooperative. No person shall hold more than one membership in the Cooperative, but may have multiple services.
2. A non-refundable account establishment fee of \$15.00 will be billed to the Applicant for each application of service executed with the Cooperative (this fee is set forth by the Board of Directors of the Cooperative).
3. The Cooperative hereby agrees that upon termination of membership, the membership fee and deposit, less any obligation the Applicant may owe the Cooperative will be refunded to Applicant.
4. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises and will pay monthly rates which are fixed by the Board of Directors of the Cooperative. The rate includes a monthly service charge on all accounts in addition to the kilowatt hours consumed. All accounts will be billed monthly. All bills are due and payable upon receipt of bill. Accounts not paid by due date will be subject to a late fee (as set forth by the Board of Directors). Accounts not paid in full after the initial twenty days from date of bill shall be subject to disconnection of service. Reconnection made during regular working hours will be at the rate of \$25.00, or \$50.00 after working hours. The deposit upgrade will be two times the highest month's bill within the last twelve months (this rate is set forth by the Board of Directors).
5. The Applicant will cause his premises to be wired in accordance with wiring specifications approved by the Cooperative and the Applicant will comply with and be bound by the provisions of the By-laws of the Cooperative of which, he will be a member, and such rules and regulations as may, from time to time, be adopted by the Cooperative. Any electrical equipment installed at the Cooperative's expense shall remain its property and may be removed from premises upon termination of service.
6. The Applicant certifies that Applicant is at least 18 years of age or has been emancipated by court order or by operation of law as a result of (a) being validly married, or (b) being on active duty with the armed forces of the United States as provided by O.C.G.A § 15-11-200 et seq.

Acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative. The contract for electric service shall continue in force from the date service is made available by the Cooperative to the Applicant, and therefore until cancelled by notice given by either party to the other.

_____ APPLICANT'S SIGNATURE	_____ SOCIAL SECURITY #	_____ DRIVER'S LICENSE #
_____ ADDRESS	_____ CITY	_____ STATE _____ ZIP
_____ PHONE #	_____ EMAIL ADDRESS	_____ DATE
_____ PHONE CARRIER	_____ SPOUSE'S NAME IF APPLICABLE	

LITTLE OCMULGEE ELECTRIC MEMBERSHIP CORPORATION
ALAMO, GEORGIA
Application for Electricity

DATE _____

NAME _____ TELEPHONE NUMBER _____

SOCIAL SECURITY# _____ DATE OF BIRTH _____

SPOUSES NAME _____ SOCIAL SECURITY # _____ DOB _____

SERVICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS IF DIFFERENT _____

EMAIL ADDRESS: _____

LANDLORD IF RENTING _____ PHONE # _____

PREVIOUS ADDRESS: _____ HOW LONG _____

CITY _____ STATE _____ ZIP _____

NAME OF EMPLOYER _____ PHONE # _____

WIFE/HUSBAND EMPLOYER _____ PHONE # _____

PERSONAL REFERENCE: (SOMEONE WHO KNOWS YOU WELL AND WILL BE ABLE TO GET IN TOUCH WITH YOU.)

(1) NAME _____

ADDRESS _____ PHONE# _____

APPLICANT REPRESENTS THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND AUTHORIZES US TO CHECK WITH CREDIT REPORTING AGENCIES, CREDIT REFERENCES AND OTHER SOURCES DISCLOSED HEREIN IN INVESTIGATING THE INFORMATION GIVEN.

CUSTOMER SIGNATURE

ACCOUNT NUMBER	CODE	DATE	DEPOSIT AMT
_____	_____	_____	\$ _____

ACCEPTED BY: _____

DIRECTIONS: _____
