

Southern Indiana Power

Membership & Credit Application

1. Name _____ Soc. Sec. # _____ DL # _____ DOB _____
Spouse _____ Soc. Sec. # _____ DL # _____ DOB _____
Address _____ Home Phone # _____
City _____ ST _____ Zip _____ Cell Phone # _____
2. Email Address _____
3. Your Employer _____ No. Yrs. _____ Work No. _____
Address _____
4. Spouse's Employer _____ No. Yrs. _____ Work No. _____
Address _____
5. Name Relative _____ Relationship _____ Phone No. _____
Address _____
6. Property Owner (if different than applicant): Name _____ Phone No. _____
7. Your Previous Address _____

APPLICATION FOR MEMBERSHIP OF ELECTRIC SERVICE

- The undersigned (hereinafter called the Applicant) agrees to comply with and be bound by the Articles of Incorporation of Cooperative, the By-Laws of Cooperative and any amendments thereto, and such Rules and Regulations as may be adopted from time to time by Cooperative. Applicant authorizes payment of annual subscription to The Monthly Newsletter/Magazine from the amount accruing to him each year.
- Applicant agrees, when electric service becomes available, that all electric energy used on the premise will be purchased from Cooperative and will be paid therefor monthly at rates to be determined from time to time in accordance with the By-Laws of Cooperative.
- Applicant agrees:
 - To make payment of such fee as is designated in the Rules and Regulations which are incidental to providing electric energy at service connection and in the event of default, to pay court costs, attorney fees and reasonable collection agency fees of 35%, incurred in collection of the past due amount.
 - That any fees specified in above (a) are refundable in the event this application is not accepted by the Board of Directors.
- Applicant agrees to deposit with Cooperative such consumer deposit that may be required by the By-Laws and Policies of the Cooperative:
 - Any portion of said deposit not applied to payment of electric bills due Cooperative will be returned to applicant either:
 - Upon termination of service or
 - If service has not been terminated, refund will be made at Cooperative's discretion.
- Applicant agrees:
 - To receive notices/correspondence from the cooperative by text, email or automated telephone calls as approved by the Federal Communications Commission (FCC).
- The acceptance of this application by Cooperative shall constitute an acceptance to membership in Cooperative with such rights and liabilities as are specified in the By-Laws of Cooperative, provided, however, that said membership shall terminate when Applicant ceases to purchase electric energy from Cooperative.
- Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of Cooperative, and it is expressly understood that under law his private property cannot be attached for any such debt or liabilities.

As a member of the Cooperative you have an opportunity to participate in our Operation Round Up® program. You have automatically been enrolled in the program and may at any time contact the office to opt out. The Operation Round Up® program allows us to round up your electric bill to the next highest dollar and apply that money to the Operation Round Up® program which funds projects for the betterment of your community.

**I/We do here by certify that the information provided is true and correct to the best of my/our knowledge.
I/We do hereby authorize you to investigate my/our credit record. *****

Signature Date

Signature Date

NOTE: IF THE CREDIT REPORT IS NOT SATISFACTORY, YOU WILL BE GIVEN THE OPTION TO MAKE A CASH DEPOSIT OR SIGN UP FOR PRE-PAY METERING

DATA COLLECTION INFORMATION

NEW PATRONS

As recipients of federal assistance, Southern Indiana Power 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 returning this form to us along with your completed application for service.

Please be aware that your response is optional. The information you provide will be used only for Federal Government Reporting Purposes. Should you have any questions, you may contact our office at 812-547-2316 or 800-323-2316. Thank you for your cooperation in this matter.

Your name: _____ Date: _____

Racial/Ethnic Group:

- A. White (not of Hispanic Origin) _____
- B. Black (not of Hispanic Origin) _____
- C. Hispanic _____
- D. American Indian or Alaskan Native _____
- E. Asian or Pacific Islander _____

Return to: Southern Indiana Power, INC.
P.O. Box 219
Tell City, IN 47586