

Account # \_\_\_\_\_

## SUMNER COWLEY ELECTRIC COOPERATIVE, INC.

### MEMBER INFORMATION

Name:

Date of birth:

SSN:

DL#:

Billing Address:

Physical Address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Work Phone:

Email:

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Joint Name:

Date of birth:

SSN:

DL#:

Phone:

Cell Phone:

Work Phone:

Email:

Current Employer:

Employer Address:

### SIGNATURES

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date:

Effective Date \_\_\_\_\_