

MEMBERSHIP APPLICATION

Desired Service Date:			
Service Address:			
Name:			
Primary Phone:	<input type="checkbox"/> Cell	Secondary Phone:	<input type="checkbox"/> Cell
I consent the use of my cell phone number(s) as per Item 10 on the Terms and Conditions. <input type="checkbox"/>			
SSN/Tax ID:	DO NOT ENTER	Date of Birth:	
Driver's License #:		E-mail:	
Billing Address:			
City:	State:	Zip Code:	

I give Warren RECC permission to discuss my account with:

CO-APPLICANT (SECONDARY RESPONSIBLE PARTY - EX: SPOUSE, ROOMMATE, PARENT, POA, ETC.)

Name:			
Primary Phone:	<input type="checkbox"/> Cell	Secondary Phone:	<input type="checkbox"/> Cell
I consent the use of my cell phone number(s) as per Item 10 on the Terms and Conditions. <input type="checkbox"/>			
SSN/Tax ID:	DO NOT ENTER	Date of Birth:	
Driver's License #:		Email:	
Kentucky Living Magazine (Free) Subscription:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be buying or renting this location? <input type="checkbox"/> Buying <input type="checkbox"/> Renting	If renting, Landlord's Name:		
Security Light at Location <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you want it connected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Operation Warm Hearts: (Donate by Rounding Bill up to Next Dollar)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Payment Option: Would you be interested in having your payment automatically deducted from your checking account each month?	<input type="checkbox"/> Yes <input type="checkbox"/> No Other payment options are available at wrecc.com.		

REQUIRED

SIGNATURES

REQUIRED

Acceptance of services by the applicant shall constitute a contract between Warren RECC and the applicant and said contract shall be governed by the Warren RECC Bylaws posted on wrecc.com and the Terms and Conditions of this agreement.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

Note: Both Applicant and Co-Applicant Are Responsible For All Charges Incurred As They Relate To This Electric Service Account.

* If New Construction, Please Complete Reverse Side

INFORMATION BELOW TO BE COMPLETED BY WARREN RECC

Previous Member Sep #:	Previous Bill:
New Member Sep #:	Membership Fee:
Location #:	Deposit Amount:
Rate/Class and Tax District:	Contribution-In-Aid Fees:
Read Route/Bill Cycle:	Other:
	Total Fees:

Warren RECC is an equal opportunity provider and employer.

**MEMBER APPLICANT
INVITATION TO SELF-IDENTIFY**

Date: ____/____/____

In accordance with Federal civil rights laws, no person shall be excluded from Warren RECC membership and/or participation in Warren RECC programs, due to race, color, national origin, religion, sex, gender identity, 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.

Voluntary Information

Because Warren RECC is a recipient of Federal financial assistance from the Rural Utilities Service, an agency of the U.S. Department of Agriculture, we are required to identify and collect racial/ethnic data from eligible applicants.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential and will be used only for required governmental reporting. When reported, data will not identify any specific individuals.

Gender: MALE FEMALE**Race/Ethnicity:** WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino) HISPANIC OR LATINO ASIAN (not Hispanic or Latino) AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino) NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino) OTHER (not Hispanic or Latino) I DO NOT WISH TO DISCLOSE.