

Washington Electric Cooperative, Inc.

New Member Datasheet

Applicant Information

Co-Applicant Information

Name

Name

Billing Address

Note: If the Co-applicant is to be a member, he/she must also sign the Membership Form.

Service Address (if different than Billing)

Social Security No.

Social Security No.

Driver's License & State

Driver's License & State

Telephone (Home)

(Work)

(Work)

(Cell)

(Cell)

(Fax)

(Fax)

Email Address

Email Address

Date of Birth

Date of Birth

Employer

Employer

If not employed, show source of income:

(Living in this residence) Number of Adults

Number of Children

If renting, owner's name & phone number:

Type of Heat: Electric Gas Wood Propane Oil Other, describe

If Electric, type and size (kW)

Central Air Conditioning: Yes No

Number of window AC units

Office Use Only

Account #

Map #

Equipment Location

Sub

Feeder

Phase

Line

Line Section

Xfmr Size

Rate

Revenue Class

Meter Type

Previous Occupant

Previous Capital Credit Number

Previous Member Number

Reading for Transfer

Date Reading Taken

By

Deposit

Connect Fee

Back Bill

WEC Employee

Date