

Washington Electric Cooperative, Inc.

New Member Datasheet

Applicant Information

Co-Applclicant Information

Name _____

Billing Address _____

Service Address (if different than Billing) _____

Social Security No. _____

Driver's License & State _____

Telephone (Home) _____

(Work) _____

(Cell) _____

(Fax) _____

Email Address _____

Date of Birth _____

Employer _____

Name _____

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

Social Security No. _____

Driver's License & State _____

(Work) _____

(Cell) _____

(Fax) _____

Email Address _____

Date of Birth _____

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