

Washington Electric Cooperative, Inc.

New Member Datasheet

Applicant Information

Co-Applicant 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-applicant 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