

Member Information Form

Western Cooperative Electric

Please Print or Type

Please Fax or Mail Completed Form To: (785)743-2717

PO Box 278 WaKeeney KS 67672

Applicant

SS # _____

Spouse or Other Responsible Party

SS # _____

Effective Date: _____

Service Address or Oil Lease Name

Billing Address (if different from service)

Telephone: (These numbers may be used to contact you about questions on your account or to notify you of scheduled outages.)

Office/Home # () - -

Daytime/Work # () - -

Cellular # () - -

Pumper (if oil) () - - Name _____

Account Type: (Please check one) Western Cooperative is a cooperative where patronage capital is paid out to the members. Please make note that when filling out the account type on this form to carefully mark the correct type.

Individual _____ In this case patronage capital will be paid out to the individual member during general refunds and/or upon the death of the member. (Recommended for most cases)

Joint _____ Patronage capital will be paid out to both parties listed as the member during general refunds and/or upon the death of both members.

Corporation _____ Patronage capital will be paid out to the corporation during general refunds and/or assigned upon dissolution of the corporation to those listed to receive the assets of the corporation in the dissolution papers. Additional information on payments may be required.

Partnership _____ Patronage capital will be paid out to all partners listed as the members during general refunds and a proportionate share assigned to each partner upon their death.

Formerly under the name of (if known) _____ Meter # _____

Landlord Name (if applicable) _____ Contact Phone _____