



**NorVal Electric
Cooperative, Inc.**

P.O. Box 951
Glasgow, MT 59230
Phone (406) 228-9351
Fax (406) 367-9306

P.O. Box 287
Opheim, MT 59250
Phone (406) 762-3411
Fax (406) 762-3352

APPLICATION FOR MEMBERSHIP AND FOR ELECTRIC SERVICE

The undersigned (hereinafter called the "APPLICANT") hereby applies for membership in and agrees to purchase electric energy from NorVal Electric Cooperative, Inc., Glasgow, Montana, (hereinafter called the "COOPERATIVE") upon the following terms and conditions:

1. The Applicant will, when electric energy becomes available, purchase from the Cooperative all energy used on the premises described below, and will pay therefore monthly at rates which will be fixed by the Board of Directors of the Cooperative. The Applicant will pay a bill of at least the current base charge per month regardless of the number of kilowatt hours consumed.

2. The Applicant will cause his premises to be wired in accordance with all applicable electrical codes. The Cooperative reserves the right not to connect Applicant's premises or to energize the service in the event that Applicant's premises are not in compliance with applicable electrical codes.

3. The Applicant will comply with and be bound by the provisions of the charter and bylaws of the Cooperative, and such board policies, rules, regulations as may, from time to time, be adopted by the Cooperative.

4. The Applicant agrees to execute or deliver without cost or charge to the Cooperative, and on its demand, any easement or easements requested by the Cooperative and by it deemed convenient or necessary for the operation or maintenance or construction of an electric transmission or distribution line or system, whether or not said line or system directly serves or benefits Applicant.

5. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law their private property is exempt from execution for any such debts or liabilities.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force as specified by line extension contract, if any, and thereafter until canceled by at least thirty (30) days written notice given by either party to the other.

Print Member Name: _____ Signature: _____

Joint Member Name: _____ Signature: _____

OR Organization Name: _____ Signature: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____
Work: _____ Other: _____

Member SS # _____ Member Date of Birth: _____

Joint Member SS # _____ Joint Member Date of Birth: _____

Federal Tax ID _____ Incorporated Date: _____

If this is an organization, please provide the Federal Tax ID as well as a list of the members
authorized to conduct business _____

E-mail Address(es): _____

Date application should go in effect: _____

Physical Address (USPS) of electric SVC : _____ City: _____

State: _____ Zip Code: _____

Do you Own: _____ or Rent: _____

If renting, list Owner's name, address and telephone number. (Your landlord is entitled to a duplicate copy of your bill each month).

Are you (or someone in your household) an enrolled member of the Fork Peck Tribes?

Yes No

Members maybe eligible to participate in the WAPA credit program.

Are you interested in Auto Pay? Yes No

Your account can be set up to be paid automatically each month via Credit Card, Debit Card, or Checking Account. You may also go online at www.norval.coop to check your statement / pay online.

Is there is a life threatening reason that you MUST be notified for planned outages, i.e. on oxygen?

Yes NO

Please describe: