



Membership Application Residential or Irrigation Electric Service



Office Use Only	
Account No.:	_____
Membership Amount:	_____
Deposit:	_____
Connect Fee:	_____
Total:	_____
Date Paid:	_____
By:	_____

Name(s): _____
Name(s) as you want to appear on account

Mailing Address: _____

City, State & Zip: _____

Home Phone #: _____

Mobile Phone #: _____

*** BILLING DUE DATE - CHECK IF YOU HAVE A PREFERENCE
CYCLE 1 () PAYMENT DUE AROUND THE 30TH OF THE MONTH
CYCLE 2 () PAYMENT DUE AROUND THE 14TH OF THE MONTH

911 Physical Address: _____				
	Street/Road Number	City	State	Zip
Please provide the 911 physical address for each location that will be listed on your account. Additional pages available.				

Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

*** Required Identification: Copy of Drivers License for each member ***

Social Security No.: _____
Member _____ Spouse/Co-Member _____

Drivers License No.: _____
Member _____ Spouse/Co-Member _____

Spouse Name/Co-Member: _____

Employer Name: _____

Employer Address: _____

Employer Telephone No: _____

Have you previously had service with Concho Valley Electric Cooperative? YES NO If Yes, When? _____

Name of Relative or Reference Address and Phone No.
1. _____
2. _____
3. _____

Date: _____

Print - Member Name

Member Signature

Print Spouse/Co-Member Name

Spouse/Co-Member Signature