

**LAMB COUNTY ELECTRIC COOPERATIVE, INC.
MEMBERSHIP AGREEMENT**

This agreement made between Lamb County Electric Cooperative, Inc. (hereinafter called the "Cooperative") and "Applicant".

Applicant agrees that the proper execution of this agreement and payment of a \$5.00 membership fee constitutes application for membership in the Cooperative.

Applicant agrees to purchase electric energy from the Cooperative whose principal offices are located at 2415 South Phelps Avenue, Littlefield, Texas. Applicant agrees that, when accepted by the Cooperative, this agreement shall constitute acceptance of the Applicant by the Cooperative into the membership of the Cooperative. Applicant agrees to comply and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules, regulations, and rates as may hereafter be adopted by the Cooperative as well as all rules and regulations prescribed by jurisdictional regulatory agencies.

Applicant agrees that all lines supplying applicant with energy, together with all switches, transformers, meters, appliances and equipment constructed or installed by the Cooperative shall at all times be and remain the sole property of the Cooperative, and the Cooperative shall have the right of access to said property to read meters, repair and service, and upon discontinuance of service for any reason, to remove same.

Applicant agrees that all amounts due under this agreement shall be payable at the Cooperative's offices located at 2415 South Phelps Avenue, Littlefield, Texas, or at such other locations as may be designated by the Cooperative. Applicant agrees to be responsible for paying any and all sums due the Cooperative for which Applicant may hereafter be liable for, charged with, or obligated to pay

APPLICANT AGREES TO ESTABLISH AND MAINTAIN SATISFACTORY CREDIT WITH THE COOPERATIVE. FAILURE TO ESTABLISH A SATISFACTORY CREDIT RATING COULD RESULT IN THE COOPERATIVE REQUIRING A DEPOSIT.

TYPE OF MEMBERSHIP () Individual () Joint

Name _____ Phone _____

Mailing Address: _____ Town _____ State _____ Zip _____

Service Address: _____ Cell phone # _____

Social Security # _____ Driver's License # _____

SPOUSE INFORMATION

Name _____ Phone # _____

Social Security # _____ Driver's License # _____

APPLICANT'S EMPLOYER INFORMATION

Name _____ Phone _____

Address _____ Town _____ State _____ Zip _____

Person responsible for paying bills: _____

Will a connected location be your RESIDENCE? _____ Map Location _____

REFERENCES (persons who can verify information contained herein)

Name _____ Phone # _____

VOTING DELEGATES: If joint membership, either spouse may represent the membership as voting delegate.

APPLICANT'S SIGNATURE: By signing this membership agreement, I hereby affirm that my spouse or I do not owe the Cooperative any monies under any other membership name. I further state that all above information is true and correct to the best of my knowledge, that I have read this agreement and agree to the conditions stated above.

Applicant Signature: _____ **Date** _____

Coop Representative: _____ **Date:** _____