

Member No. _____

Location No. _____

**JACKSON ELECTRIC COOPERATIVE
ELECTRIC SERVICES AND MEMBERSHIP APPLICATION**

N6868 County Road F
PO Box 546
Black River Falls, Wisconsin 54615

800-370-4607
715-284-5385
Fax 715-284-7143

The undersigned (hereinafter called the "Applicant") hereby applies for membership in the Jackson Electric Cooperative (hereinafter called the "COOPERATIVE").

Applicant and/or Co-applicant will provide one (1) form of government issued identification, such as a driver's license, passport, social security card ID, and one (1) other form of identification.

*** Required fields- Applicant**

* Name _____ *SS# _____
*Maiden Name (if any) _____ *Date of Birth _____
*Drivers License # _____ *Exp. Date _____
*Phone # _____ (H)(W)(C) 2nd Phone # _____ (H)(W)(C)
Email address _____
*Employer _____

*** Required fields- Co-Applicant**

* Name _____ *SS# _____
*Maiden Name (if any) _____ *Date of Birth _____
*Drivers License # _____ *Exp. Date _____
*Phone # _____ (H)(W)(C) 2nd Phone # _____ (H)(W)(C)
Email address _____
*Employer _____

*SERVICE ADDRESS _____
*Billing address** (if different) _____

PREVIOUS ADDRESS _____
Years living there _____ (residential address, not an interim address)
*Previous electrical power supplier _____

*Whom can we contact during working hours (7:30am to 4:00pm)?
Name: _____ Phone # _____

Primary Residence: Yes ___ No ___ Business: Yes ___ No ___

*Do you (please circle one) OWN or RENT this premise? If you rent, then provide :
Name of Landlord _____ Phone # _____
Roommate(s) _____ Phone # _____
_____ Phone # _____

Do you wish to grant someone else permission to discuss confidential account information, such as account number, account balance, payment history, etc?

Please check: Yes ___ No ___

