

Guernsey-Muskingum Electric Cooperative, Inc.
Application for Membership and for Electric Service

17 South Liberty Street, New Concord, OH 43762
1-800-521-9879

Name: _____

Application Date: _____

The undersigned Applicant hereby applies for membership in, and agrees to purchase electric energy from Guernsey-Muskingum Electric Cooperative, Inc., New Concord, Ohio 43762 (the Cooperative) upon the following terms and conditions:

1. The Applicant will purchase from the Cooperative all electric energy purchased for use on the premises and will pay therefore at rates determined by the Cooperative from time to time.
2. The Applicant will comply with and be bound by the provisions of the Articles of Incorporation, the Code of Regulations, rules and regulations and all amendments thereto adopted by the Cooperative from time to time.
3. The Applicant shall, as a condition of membership in the Cooperative, provide without charge such easements and rights-of-way in mutually agreed locations that are reasonably needed by the Cooperative to serve the Applicant or other members of the Cooperative.
4. The Applicant agrees to permit access to his premises for all purposes necessary to operate the electric distribution system of the Cooperative, including the setting of necessary poles and anchors located on the Applicant's premises and to allow the removal or trimming of all trees and spraying of brush under or near such electric lines.
5. The Applicant hereby agrees that \$5.00 of the amount paid for electricity each year is for a subscription to Ohio Cooperative Living magazine.
6. Provided that this signed Application has been received by the Cooperative, membership will be effective on the date service from the Cooperative is received by Applicant at the specified premises and the provisions hereof shall constitute a contract between the Applicant and the Cooperative.

Check whichever applies: New Service or Transfer of Existing Service

(Applicant's Signature) - **Required**

(Applicant's Social Security# or Company EIN) - **Required**

(Applicant's Phone Number)

(Applicant's Email Address)

(Service Address, if different from Mailing Address)

(Mailing Address) - **Required**

City State Zip

City State Zip

(Owner's Name, if different from Applicant)

(Owner's Address, if different from Applicant)

(Owner's Phone Number, if different from applicant)

City State Zip

*Please complete this Application for Membership and return it to the Cooperative
For **New Service** please e-mail your engineer directly or to elewis@gmenergy.com
For **Transfer of Existing Service** please email to billingcc@gmenergy.com*