

APPLICATION FOR FRANKLIN REC MEMBERSHIP

The undersigned hereby applies for membership in Franklin Rural Electric Cooperative (hereinafter called the “Association”) and agrees upon the following terms and conditions:

- 1. To complete this application and pay a deposit fee of \$ _____ or supply an approved letter of credit from previous electric utility provider.
- 2. To purchase electrical service from the Association and to pay monthly in accordance with the rate schedule and rules and regulations established by the Board of Directors of the Association.
- 3. The undersigned shall comply with and be bound by the provisions of the Articles of Incorporation and By-Laws of the Association and all rules and regulations as may be adopted by the Board of Directors from time to time.
- 4. The Acceptance of the application by the Board of Directors of the Association shall constitute an agreement by and between the Association and the undersigned upon the terms hereinabove set forth. The Association agrees to use reasonable diligence in providing electrical service and shall not be liable for damages to the undersigned for failure temporarily to supply the electrical service to said premises.

Applicant Name (Please Print)	Co-Applicant Name (Please Print)
Applicant SSN or Federal ID #	Co-Applicant SSN or Federal ID #
Applicant Signature	Co-Applicant Signature
Applicant Phone Number	Co-Applicant Phone Number
Is Franklin REC able to text message phone number: YES NO	Is Franklin REC able to text message phone number: YES NO

Preferred Email Address (Is Franklin REC able to send emails to this address: YES NO)
Franklin REC will not sell your information to any 3rd party without your prior written consent.

Service Address	Billing Address (if different than service address)
City/State/Zip Code	City/State/Zip Code

Please provide service location’s owner, if owner is not applicant: _____
Owner’s Phone Number: _____

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity based on visual observation or surname.

- ☐ I do not wish to furnish this information.
- ☐ White

☐ Hispanic or Latino

☐ Asian
- ☐ Black or African American

☐ American India or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander