

**BAYFIELD ELECTRIC COOPERATIVE
IRON RIVER, WI 54847
715-372-4287 Fax – 715-372-4318**

APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from Bayfield Electric Cooperative, (hereinafter called the 'Cooperative'); upon the following terms and conditions:

1. The applicant will pay to the Cooperative the sum of \$5.00 which will constitute the applicant's membership fee.
2. The Cooperative agrees that it will investigate the extension, ascertain the number of members who can be advantageously served, the number of members who will contract for service and advise the prospective members of the terms and conditions under which they may obtain service.
3. In the event the member desires electric service, following notification by the Cooperative of the availability thereof, such member shall enter into an electric service contract with the Cooperative, which such contract shall be in the form prescribed by the Cooperative.
4. By becoming a member of the Cooperative, the applicant agrees to allow duly authorized representatives of the Cooperative to have right of ingress to and egress from the premises of members at all reasonable times for the purpose of installing, adding, repairing, testing and removing or replacing our equipment.
5. The applicant agrees to comply with and be bound by the Articles of Incorporation, Bylaws and Board policies of the Cooperative, as the same may be from time to time be adopted or amended by the Cooperative.
6. The Cooperative is authorized to enter a subscription in my name to the Wisconsin R.E.C. News at a cost of not less than 20 cents per month nor more than 35 cents per month to be paid for me by the Cooperative out of monthly electric energy payments made by me and other members of the Cooperative in the same manner as are other expenses of the Cooperative.

Date

Membership Fee: \$5.00
Service Charge: \$150.00

BAYFIELD ELECTRIC COOPERATIVE

By: _____

Service Address / Fire
Number _____

Applicant

Address-Street, Route and/or Box #

City, State, Zip Code

Social Security Number

Telephone Number

The property to be served is described as follows: