

Utilities District of Western Indiana REMC

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Touchstone Energy® Cooperatives
The power of human connections®

FOR OFFICE USE ONLY:

PREPAID METER

ACCOUNT NUMBER:

Membership Application

DATE: _____

New Application

ID Verified by: _____

Update only, I am an existing member.

PLEASE PRINT

Name of Applicant: _____

Mailing Address: _____

If Renting,
Landlord's Name: _____

City, State, Zip _____

County: _____

Service Address: _____

Home Phone: _____

Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

JOINT MEMBERSHIP APPLICANT INFORMATION:

Full Name: _____

Relationship to Applicant: _____

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

What is the applicant's race? Mark "X" in one or more boxes.

White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic or Latino American Indian or Alaskan Native Asian or Pacific Islander Other

The data in this question is collected for Federal Government Reporting Purposes Only. There is no penalty for applicants that do not provide this information.

The undersigned (hereinafter called the "Applicant") hereby requests electric service from the Utilities District of Western Indiana REMC and herewith makes application for membership in said corporation. The applicant agrees to purchase electric energy used at the location covered by this application and agrees to be bound by the Articles of Incorporation, the By-Laws and amendments thereto, and such rules and regulations as may be adopted from time to time by the Board of Directors. Payment for electricity shall include for each member a subscription to the Electric Consumer published by the Indiana Statewide Association of Rural Electric Cooperatives, Inc.

This applicant gives consent to Utilities District of Western Indiana REMC and other businesses contracted by REMC to contact them via telephone, automated telephone dialing system, email and text message for debt collection, pre-planned outages, and marketing purposes.

All statements are true and complete to the best of my knowledge.

Signature _____

Date _____

Signature (Joint Applicant) _____

Date _____