



Maquoketa Valley  
Electric Cooperative

® Your Touchstone Energy® Cooperative



109 N. Huber Street • Anamosa, IA 52205  
Telephone: 319-462-3542 • 800-927-6068  
www.mvec.coop • www.mvlink.coop

## APPLICATION FOR MEMBERSHIP AND INITIAL SERVICE

Name: \_\_\_\_\_ Joint Member Name: \_\_\_\_\_  
(\*If applying for joint membership)

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Electric Account #: \_\_\_\_\_ Location #: \_\_\_\_\_ Fiber Account #: \_\_\_\_\_

Electric Account #: \_\_\_\_\_ Location #: \_\_\_\_\_

The undersigned hereby applies to Maquoketa Valley Electric Cooperative, an Iowa Corporation hereinafter called the Cooperative, for membership and electric and/or communication service, and if approved for membership:

1. Will purchase service(s) from the Cooperative under such rates and terms as may be established from time to time by the Board of Directors of the Cooperative. Future services may be added under this membership by contacting the Cooperative.
2. Will comply with and be bound by the Articles of Incorporation and Bylaws of the Cooperative and all rules and regulations adopted by the Cooperative regarding services to its members. These documents are available upon request.
3. Authorizes the Cooperative to make automated calls or send emails with information regarding my accounts to any telephone number or email address listed above or subsequently provided by me to the Cooperative.
4. Will have all the rights and privileges granted to members under the Articles of Incorporation and Bylaws of the Cooperative and shall be under no personal liability for any of the obligations of the Cooperative.

The undersigned further warrants that they are at least 18 years of age and agrees that acceptance of this application by the Cooperative shall constitute an agreement by and between the Cooperative and the undersigned. Membership certificates will be maintained electronically at the Cooperative's office.

Consumer Deposit Required: \$ \_\_\_\_\_ Date Due for Deposit & Contract: \_\_\_\_\_

The Consumer Deposit shown above will be waived with a suitable Letter of Credit from a previous utility stating an excellent payment history for the last 12 months. The Consumer Deposit must be paid, or the letter received prior to the due date shown above or the account may be disconnected. Deposits collected will be refunded with interest after 12 timely payments.

**Office Use Only-Notes:**

\_\_\_\_\_  
APPLICANT SIGNATURE                      PRINT NAME                      SOCIAL SECURITY #                      DATE

\_\_\_\_\_  
\*JOINT MEMBER SIGNATURE                      PRINT NAME                      SOCIAL SECURITY #                      DATE

**\*Only required if applying for joint membership.** Patronage dividends for joint accounts will be divided equally among both applicants when the joint membership is dissolved. Single memberships converted to joint will have all prior patronage applied to the joint account. Applicants participating in a joint account may not have another active account in a single membership.

**IF RENTING, PLEASE COMPLETE THE FOLLOWING:**

LANDLORD NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_