



9549 Hwy 5
P.O. Box 6
Columbus, ND 58727
(701) 939-6671
www.bdec.coop

INDIVIDUAL MEMBERSHIP APPLICATION

The Undersigned applicant hereby applies for electric service and agrees to purchase electric energy from Burke-Divide Electric Cooperative, Inc. upon the following terms and conditions:

1. The applicant will purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly in accordance with the Bylaws of the Cooperative.
2. The applicant will comply with the provisions of the Articles of Incorporation and Bylaws of the Cooperative and all rules, regulations and rate schedules established, pursuant thereto, as all the same now exist and hereafter are adopted or amended.

Member Information

Applicant Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address (if different than Physical Address): _____

Social Security/Tax ID Number: _____ Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Previous Address (if not a current BDEC member): _____

Name of Nearest Relative not living with you: _____

Address of Nearest Relative not living with you: _____

Co-Applicant Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address (if different than Physical Address): _____

Social Security/Tax ID Number: _____ Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Other individuals with whom BDEC may discuss this account: _____

Service Information

Have you previously received electric service from Burke-Divide Electric? Yes No

Do you own or rent? Own Rent

If renting, list landlord's name and phone number: _____

Land Description: Twp _____ Range _____ Section _____ Quarter _____ County _____

Additional Information

Operation Round Up® is a voluntary program where a member may have their electric bill rounded up to the nearest dollar. Charitable contributions received through Operation Round Up® are distributed to charitable organizations and community projects throughout BDEC's service area.

Yes, I'd like my bill rounded up (Maximum per year \$11.88) No thanks, I do not wish to participate

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information but are encouraged to do so. The law states that a provider of services 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 the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Burke-Divide Electric Cooperative is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (202)720-2600 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter by mail to USDA, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax at (202) 690-7442 or by email at program.intake@usda.gov.

Ethnicity (mark one)	Race (mark one or more)	Sex (mark one)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Other race	<input type="checkbox"/> Female <input type="checkbox"/> Male

BDEC may require a deposit per meter prior to service being connected or transferred. The amount of the deposit is based upon the rate schedule assigned to a meter.

Applicant Signature: _____ **Witness Signature:** _____

Printed Name: _____ **Printed Name:** _____

Date: _____ **Date:** _____

The above application for membership accepted this _____ day of _____ 20_____.

Account #: _____ Approved By: _____