

APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase energy from NIOBRARA VALLEY ELECTRIC MEMBERSHIP CORPORATION, O'Neill, Nebraska (hereinafter called the "Corporation").

1. The Applicant will pay the Corporation the sum of \$25.00 which, if this application is accepted by the Corporation, will constitute the Applicant's membership fee.
2. The Applicant will, when electric energy becomes available, purchase from the Corporation all electric energy used on the premises described below and will pay the Corporation, provided, however, that the Corporation may limit the amount of electric energy to be furnished for industrial uses. The Applicant agrees to pay the electric service bill as rendered by the Corporation, monthly.
3. The Applicant has, or will cause his premises to be wired in accordance with wiring specifications as set forth in the most recently published National Electric Code, which includes the Applicant's wiring system be connected to the Corporation's lines and must be completed by the time electric energy is available. In the event the service is for commercial, industrial or public use, a permit from the State Fire Marshall's office shall have been received prior to connection to Corporation lines.

The Applicant agrees to furnish the Corporation with right of way, anchor, tree removal and tree trimming easements and permits which are necessary or advisable for the construction and operation of electric lines to serve the Corporation's members.

It is understood that distribution poles, wires, fixtures, meters, meter loops and other appurtenances installed by the Corporation shall remain the property of the Corporation.

4. The Applicant will comply with, and be bound by the provisions of the Certificate of Incorporation and Bylaws of the Corporation and such rules and regulations as may from time to time be adopted by the Corporation.
5. From time to time, the cooperative may need to contact you on your cell phone or land line using an automated dialing system to notify you actions by the cooperative that may affect your account. Your consent on this document allows us to use text messaging, artificial or pre-recorded messages, and automated dialing technology for that purpose, but not for telemarketing calls.
6. The acceptance of this application by the Corporation shall constitute an agreement between the Applicant and the Corporation, and the contract for electric service shall continue in force for one year from the date service is made available by the Corporation to the Applicant, and thereafter until cancelled by notice given by either party to the other.
7. The Applicant's premises are located _____ feet from the road in the _____ Quarter of Section _____, Township _____, Range _____ County, Nebraska.

Ownership of Capital Credits will be **ONE** of the following. PLEASE SIGN ONLY THE ONE WHICH APPLIES: a, b or c. DO **NOT** SIGN ALL OPTIONS.

- a. JOINT MEMBERSHIP (husband and wife only). If one or the other member dies, the survivor would be entitled to the accumulated capital credits under the present policy of redeeming capital credits.

_____	AND	_____
Signature		Signature
_____	AND	_____
Printed Name		Printed Name
Social Security # _____		Social Security # _____
Mailing Address _____		
City, State, Zip _____		E-Mail _____
Phone # (Land Line) _____		Cell Phone # _____

- b. SINGLE MEMBERSHIP. If member dies, all accumulated capital credits will be paid to the legal heirs under the present policy of redeeming capital credits.

_____	Social Security # _____
Signature	
_____	E-Mail _____
Printed Name	
Mailing Address _____	
City, State, Zip _____	
Phone # (Land Line) _____	Cell Phone _____

- c. Firm, Association, Corporation, or Body Politic or Sub-Division thereof. No capital credits will be paid to a dissolved firm, association, corporation, body politic or sub-division thereof until the year of their normal retirement.

_____	_____
Entity Name	Authorized Signature
_____	_____
Entity Officer	Entity Officer
_____	_____
E-Mail	Tax I.D. No.
_____	_____
Address	City, State, Zip
_____	_____
Phone	Cell Phone

Dated this _____ day of _____, _____.