

--	--	--



CC#

Office Use Only Processed By/Date:

MEMBER INFORMATION UPDATE

FOR EXISTING MEMBERS ONLY

All members must comply with Midstate's Articles of Incorporation, bylaws, rates, charges and service rules and regulations as the same now exist or as may hereafter be adopted, amended or supplemented, in order to receive electric energy at locations for which electric service is applied for within the cooperative's service area.

To ensure we have adequate information for verification, we require at least one form of government issued identification. Acceptable forms of identification are Social Security Card, Valid Driver's License, Valid Identification Card, Passport. Businesses need to provide a Taxpayer Identification Number or State Issued Assumed Business Name document.

APPLICANT:

Name _____
Last First M.I.

List all other names you have used _____

Mailing Address (if different from service address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Social Security # _____

Date of Birth ___/___/___ Drivers License # _____ State Issued _____

SPOUSE: (if you have a joint membership)

Name _____
Last First M.I.

List all other names you have used _____

Home Phone _____ Cell _____ Social Security # _____

Date of Birth ___/___/___ Drivers License # _____ State Issued _____

BUSINESS:

Legal Business Name _____

Mailing Address (if different than service address) _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____ SSN/TAX ID # _____

President or Legal Representative(s) _____

Type of Business: Corporation LLC Association Partnership Living Trust Sole Proprietorship Other

Application must be signed on red line on back page by all persons to be valid

16755 Finley Butte Rd PO Box 127 La Pine, OR 97739 (541) 536-2126 (800) 722-7219 FAX (541) 536-7280
www.midstateelectric.coop



CC#

MEMBER INFORMATION UPDATE

FOR EXISTING MEMBERS ONLY

PLEASE ATTACH A COPY OF YOUR VALID GOVERNMENT ISSUED PHOTO ID FOR EACH SIGNER

Please complete and return the entire original update form. Updated forms not presented in our office must be notarized below and must be signed by all persons to be valid.

Applicant(s) agree that everything stated on the Membership Information Update form is correct and true to the best of my (our) knowledge:

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

_____ (name[s] of person[s])

_____ (Notary's Signature)

My commission expires _____

(Seal or Stamp)

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

_____ (name[s] of person[s])

_____ (Notary's Signature)

My commission expires _____

(Seal or Stamp)

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

_____ (name[s] of person[s])

_____ (Notary's Signature)

My commission expires _____

(Seal or Stamp)

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

_____ (name[s] of person[s])

_____ (Notary's Signature)

My commission expires _____

(Seal or Stamp)