



**MEMBERSHIP UP-DATE
FORM**

YOUR NAMES:

MR. : _____

MRS. : _____

S.S.#: _____

S.S.# : _____

PHONE NUMBERS:

HOME: _____

CELL: _____

WORK: _____

DRIVER'S LICENSE #'S:

MR. : _____

STATE: _____

MRS.: _____

STATE: _____

SIGNATURE: _____

SIGNATURE: _____

**RETURN TO: CUSTOMER SERVICE DEPT
GLADES ELECTRIC COOPERATIVE, INC.
P.O. BOX 519
MOORE HAVEN, FL. 33471**

(FOR OFFICE USE ONLY)

ACCOUNT #: _____

LOC. #: _____

CLERK: _____

DATE PROCESSED: _____