

“Your Home Town Power Provider”

Account Number _____ Date _____

Service Location No. _____

Membership Name _____

Location Address: _____

Mailing Address: _____

Telephone Numbers Home _____ Work _____

Type of Membership

Individual _____

Joint (Husband & Wife) _____

Incorporated Business _____ D.B.A. _____

(Name of Individual who will represent the Member.) _____

Property Owner (if renting) _____

S. S. # or Federal I. D. # _____

Spouse's S.S. # _____

Membership _____ **\$5.00**

Deposit _____

Connect Fee (Not Refundable) _____

Other _____

TOTAL _____

The person whose signature appears below (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase energy from Glades Electric Cooperative, Inc. (hereinafter called the "Cooperative") upon the following terms and conditions, as printed on the reverse side of this certificate.

APPLICANTS SIGNATURE (S) _____ DATE _____

_____ DATE _____

_____ DATE _____



John R. Kafe
PRESIDENT

William B. ...
SECRETARY

WHITE - OFFICE YELLOW - MEMBER