



Membership Update Form

Names:

Mr.: _____

Mrs.: _____

SS#: _____

SS#: _____

Phone Numbers:

Home: _____

Mobile: _____

Work: _____

Driver's License:

Mr.: _____

State: _____

Mrs.: _____

State: _____

Signature: _____

Signature: _____

RETURN TO:

Member Services Department
Glades Electric Cooperative, Inc.
P.O. Box 519
Moore Haven, FL. 33471

(For Office Use Only)

ACCOUNT #: _____ LOC. #: _____

MSR: _____ DATE PROCESSED: _____