



**Pointe Coupee Electric Membership Corporation**  
**2506 False River Drive**  
**P.O. Box 160**  
**New Roads, LA 70760**  
**Phone (225) 638-3751**  
**Fax (225) 638-8124**  
**Toll 1-800-738-7232**  
**www.pcemc.org**

Account Number: _____
Date Processed: _____
UA Balance Checked by: _____
Application Approved by: _____

## APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (hereafter called the Applicant) hereby applies for membership in and agrees to purchase electric energy from Pointe Coupee Electric Membership Corporation (hereinafter called the Cooperative), upon the following terms and conditions:

1. Prior to connection, the Applicant will pay to the Cooperative the sum of \$ \_\_\_\_\_, which, if this application is accepted by the Cooperative, will constitute the Applicant's membership fee, connect charge and security deposit. The Applicant agrees that a credit check may be submitted to determine if a security deposit is required.
2. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay promptly on a monthly basis at rates to be determined from time to time in accordance with the Bylaws of the Cooperative. The Cooperative may limit the amount of electric energy to be furnished in emergency situations. The Applicant will pay a bill of at least \$ \_\_\_\_\_ per month regardless of the number of kilowatt hours consumed.
3. The Applicant hereby accepts responsibility for all monthly charges connected with this service and agrees to pay monthly bills on or prior to the due date of said bill. The Applicant understands that non-payment of utility bills by the due date constitutes cause for disconnection of service.
4. The Applicant will have this premises wired in accordance with approved electrical codes and will obtain the applicable parish permits. The Applicant will have the connect material (meter pan, riser, etc.) installed in accordance with Cooperative's specifications.
5. The Applicant agrees that employees of the Cooperative shall have free access to Applicant's premises at all times for the purpose of installing and removing meters or any other equipment the Cooperative may desire to install or remove from Applicant's premises or any other purpose incidental to furnishing electric service. The Applicant further agrees that he/she will not permit anyone to tamper or in any way interfere with the meter or other property of the Cooperative.
6. The Applicant will comply with and be bound by the provisions of the Policies and Procedures and Bylaws of the Cooperative, and all the amendments and additions thereto, and such rules and regulations as may from time to time be adopted by Cooperative.
7. The Applicant, by paying a membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his/her private property is exempt from execution for any such debts or liabilities.
8. The Cooperative agrees to deliver electric energy to the point where Applicant's service is tapped to the Cooperative's distribution lines but in no event is the Cooperative to be held liable for loss or damage caused by, but not limited to, the following: (a) interruption of service; (b) acts of God or unavoidable accident which the Cooperative could not have reasonably guarded against; (c) leakage or loss of electricity after it has passed into Applicant's service; (d) acts of Applicant in any way contributing to loss or damages; or (e) acts of third parties.

9. The premises to be served by the service herein applied for is described as:

\_\_\_\_\_ apartment or duplex      \_\_\_\_\_ camp      \_\_\_\_\_ home – own ( \_\_\_ new)  
 \_\_\_\_\_ mobile home      \_\_\_\_\_ rental house      \_\_\_\_\_ other (describe) \_\_\_\_\_

10. Have you had prior service with Pointe Coupee Electric?     Yes     No

If yes, address served \_\_\_\_\_

**Applicant's Information** (please print)

**Spouse's Information** (please print)

Applicant's Name \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Place of Employment \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Place of Employment \_\_\_\_\_

Current Address \_\_\_\_\_

New Service Address \_\_\_\_\_

New Billing Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_