

# ORCAS POWER & LIGHT COOPERATIVE

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## MEMBERSHIP APPLICATION

The undersigned (Member) hereby applies for membership in Orcas Power & Light Cooperative

### MEMBER AGREES:

To pay to the Cooperative the sum of \$5.00 which, if accepted by the Cooperative, will constitute the Membership Fee and to pay all other fees and costs, provided for under the Cooperative's tariff, necessary to provide service. Membership fee is refundable upon termination of membership, provided all obligations to the Cooperative have been paid.

To be bound by, and comply with, the provisions of the Articles of Incorporation, By-Laws, Member Services Policies and tariff of the Cooperative, and such rules and regulations as may, from time to time, be adopted by the Cooperative or its Board of Directors. The Member recognizes that these documents taken together constitute a contract between Member and Cooperative. Member shall be provided a copy of the By-Laws upon signing the application; the Current Member Services Policies and Tariff are available on-line at [opalco.com](http://opalco.com).

To purchase from the Cooperative, when it becomes available, all electric energy within the service area of the Cooperative; and pay for electric energy from the Cooperative at the rates adopted by the Board of Directors of the Cooperative, as provided by the powers delegated to them under the Articles of Incorporation and the By-Laws of the Cooperative. To pay the cooperative for any line extension or charge necessary to provide the requested service in accordance with the Cooperative's current Line Extension Policy.

To conform to the payment policies prescribed by the Cooperative for prompt payment of electric service. The Member recognizes the right of the Cooperative to terminate electric service for nonpayment of delinquent accounts, as further provided under its policies and procedures, and the Cooperative is hereby released from any liability or damage which may result from the termination of the electric energy to the Member should he/she fail to comply with the payment policy. The Member will furnish the Cooperative with the credit information requested on the reverse side of this Application.

To grant to the Cooperative and its assigns, a perpetual easement with full power and authority of ingress and egress to construct, operate, and maintain an electric transmission and /or distribution line or system on or under the said easement area to install, maintain, repair, replace or remove any of the facilities, and to read meters, and remove or trim brush or trees, or to control its growth when necessary within 15 feet of the center line of said line or system; to keep said easement area clear of all buildings, structures and other obstructions; and to license, permit or otherwise agree to the joint use or occupancy or extension thereof of the lines, system, poles, or, if any of said system is placed underground, of the trench and related underground facilities, by or for any other person, association, or corporation.

The Member agrees to **not** work with, touch, handle, repair or in any manner contact any of the poles, wires, transformers, meters, or other property of the Cooperative, or permit another person to do so; not to construct or place any property in such close proximity to the potentially dangerous situation; and to indemnify and hold the Cooperative harmless from any and all claims, loss, damage and expenses arising from injury to the person, or damage to the property of Member, their agents, employees, or any person whomsoever resulting from any of said restricted acts; and gives permission for the Cooperative to discontinue electric service if Member violates any of the provisions of this section.

To be solely responsible for providing suitable devices adequate to protect Member's equipment at all times from high or low voltage or phase failure.

### IT IS MUTUALLY AGREED:

The Cooperative shall attempt to provide constant and uninterrupted supply of electric power and energy. If such supply shall fail or be interrupted, whether caused by storm, fire, flood, or other acts of God, or acts of public authorities, or from any cause whatsoever beyond the reasonable control of the Cooperative, the Cooperative shall not be liable for any loss or damages incurred.

The Member will hold the Cooperative free from all liability for any and all loss incurred by the Member by reason of any interruption or defect in the electric service to Member's premises, whether caused by storm, fire, flood, or other "Acts of God", or acts of public authorities, or from any cause whatsoever beyond the reasonable control of the Cooperative. In the event a shortage of power shall develop in the power supply of the Cooperative for any reason, the member accepts and agrees to the right of the Cooperative to curtail, schedule, limit or interrupt service of the Member during the critical time when such curtailment, scheduling, limitations or interruption shall, in the judgment of the Cooperative, be required to apportion the available power to more essential service. The Member assumes all risk of loss, injury or damage to the Member resulting from any interruption or curtailments of electric service.

Single membership   
 Joint membership

**Applicant Information**

|                                       |        |             |               |
|---------------------------------------|--------|-------------|---------------|
| Name                                  |        |             |               |
| Billing Address:                      |        | State:      | Zip:          |
| Phone No:                             | SSN:   | Birth Date: |               |
| Previous Address                      |        |             |               |
| Current Employer:                     |        | Position:   | Work Phone:   |
| Driver's License:                     | State: | E-mail:     |               |
| Nearest Relative not living with you: |        |             | Relationship: |
| Address:                              | State: | Zip:        | Phone No:     |

**Medical Necessity:** \_\_\_\_\_

**Co-Applicant/Spouse**

|                                 |         |             |             |
|---------------------------------|---------|-------------|-------------|
| Name                            |         |             |             |
| Billing Address:                |         | State:      | Zip:        |
| Phone No:                       | SSN:    | Birth Date: |             |
| Previous Address                |         |             |             |
| Current Employer                |         | Position:   | Work Phone: |
| Driver's License:               | E-mail: |             |             |
|                                 |         |             |             |
| <b>Medical Necessity:</b> _____ |         |             |             |

I/We certify that the facts stated are true & complete to the best of my/our knowledge, and understand that, if falsified, may be grounds for cancellation of service.

|             |                  |
|-------------|------------------|
| <b>Date</b> | <b>Signature</b> |
| <b>Date</b> | <b>Signature</b> |

**For Opalco Use Only**

|                                          |                           |                |
|------------------------------------------|---------------------------|----------------|
| <b>Account #</b> _____                   | <b>Membership</b>         | <b>\$ 5.00</b> |
| <b>Location #</b> _____                  | <b>Service Charge</b>     | <b>20.00</b>   |
|                                          | <b>Consumer Deposit</b>   | _____          |
|                                          | <b>Total Charges</b>      | _____          |
|                                          | <b>Less Amount Paid</b>   | _____          |
| <b>Signed Copy sent to member:</b> _____ | <b>Total to be billed</b> | _____          |
| (initial)                      (date)    |                           |                |