

# RESIDENTIAL MEMBERSHIP APPLICATION

Membership Type:  Single  Joint

**PLEASE READ THE REVERSE OF THIS APPLICATION COMPLETELY AND SIGN.** By signing this application, you are agreeing to the terms, responsibilities and benefits of an OPALCO membership; you are accepting the bylaws of the Cooperative and agree to abide by the member services policies. Please type or print clearly.

PHYSICAL (SERVICE) ADDRESS CITY, STATE, ZIP ISLAND

## APPLICANT

NAME (PLEASE PRINT) \_\_\_\_\_

HOME PHONE / CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

DRIVERS LICENSE / STATE \_\_\_\_\_ SSN (LAST 4) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NEAREST RELATIVE (NOT LIVING WITH YOU) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

## CO-APPLICANT

NAME (PLEASE PRINT) \_\_\_\_\_

HOME PHONE / CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

DRIVERS LICENSE / STATE \_\_\_\_\_ SSN (LAST 4) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NEAREST RELATIVE (NOT LIVING WITH YOU) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

Check here if you do NOT wish to receive our newsletter

Check here if want to sign up for paperless billing

**Medical Necessity:** Please check box if someone at this service address depends on electricity for medical equipment such as oxygen tank, sleep apnea monitor, etc.

**SIGN UP FOR AUTOPAY - NO DEPOSIT REQUIRED AND NO MORE LATE FEES!**  
Autopay draws funds from your bank account or credit card each month to pay your bill. Ask your Member Services Representative for more information. It's the Co-op way!

FOR OPALCO USE ONLY

membership fee	\$ 5.00
service charge	\$ 25.00
deposit	\$ _____
total charges	\$ _____
less amount paid	\$ _____
total to be billed	\$ _____

ACCOUNT # \_\_\_\_\_

LOCATION # \_\_\_\_\_

SIGNED COPY SENT TO MEMBER *initial* \_\_\_\_\_ *date* \_\_\_\_\_

THE UNDERSIGNED (MEMBER) HEREBY APPLIES FOR MEMBERSHIP  
IN ORCAS POWER & LIGHT COOPERATIVE

MEMBER AGREES:

To pay 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 Tariffs, 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 Service Policies and Tariffs of the Cooperative, and such rules and regulation 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. The By-Laws, Member Service Policies and Tariffs are available upon request or online at [www.opalco.com](http://www.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, as provided by the power 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 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 the 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, 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 to 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 the 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 curtailment of electric service.

I / We agree to abide by the above stated terms of membership in the Cooperative and certify that the facts stated on the application are true and complete to the best of my/our knowledge and understand that, if falsified, may be grounds for cancellation of service.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE