



ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270



A Touchstone
Energy® Cooperative

Application for Membership and Service Agreement

To be considered for electric service from, and for membership with, Albemarle Electric Membership Corporation, all applicable information must be completed. A security deposit may be required to activate your electric service, and it must be paid prior to activation. NOTE: If in doubt whether to make this a single or a joint account, only the Applicant and/or the Co-Applicant has the right to request services, make changes, or designate Third Parties to this account. If you chose to make this a Single Account, but would like to give permission for us to provide information (such as due dates, bill amounts, etc.) to your spouse or someone else, please request a Third Party Form.

***Applicant** _____
(Please print)

Social Security # _____ Driver License # _____

***Co-Applicant** _____
(Please print)

Social Security # _____ Driver License # _____

Mailing Address _____

Phone Numbers: Home _____ Business _____

Cell _____ Email Address _____

By signing below, the undersigned hereby applies for electric service to be provided by the Cooperative and authorizes the Cooperative to perform a credit check to determine their deposit. No credit check is necessary for AEMC FlexPay members. Furthermore, the undersigned agrees to pay a connect fee, a security deposit as needed, and be bound by all provisions in the Cooperative's Bylaws, and Service Rules and Regulations, along with all applicable laws, rules, regulations, statutes, and ordinances as they may now exist and as they may be modified from time to time. Copies of these and our rate schedules are available online at www.aemc.coop or you may request one to be emailed to you. Email us at info@aemc.coop.

Signature of Applicant _____ Date _____

Signature of Co-Applicant (if applicable) _____ Date _____

Address or area that you are requesting us to serve: _____

* Only those named as Applicant and Co-Applicant will be a member and eligible to make requests.

For Co-Op Use Only:

Member # _____ Service Order # _____ Location # _____

OnLine Score _____ Connect Fee _____ Deposit Amount _____

Date Connect Fee/Deposit Paid _____