## Southeastern Electric Cooperative Membership Application

1514 Business 70 Durant, OK 74701 Office: 580-924-2170 Fax: 580-924-2426

APPLICANT NAME	(S)		
Last:	First:	Middle:	
Spouse Full Name:			
MAILING ADDRESS	S		
Street:			
City:	State:	Zip:	
APPLICANT(S) INF	ORMATION		
SSN:	Spous	se SSN:	
Employer:			
Employer Address: _			
Home Phone:	Cell:	Work:	
E-Mail:			
Are you the Property			
Applying for:	NEW CONSTRUCTION	CONNECT TRANSFE	R OF SERVICE
	sit with the Cooperative the sum of \$5.0 constitute the Applicant's membership for	00, which, if this application is accepted by the	e Cooperative,
hering strictly to the Nat	-	e with wiring specifications approved by the C nereby agrees that \$4.20 of the amount paid fo	-
	, 1	s of the certificate of incorporation and by-la- to time be adopted by the Cooperative.	ws of the
true to your knowledge.	The information provided above can be	s binding by contract and all information obta be used to furnish account experience for repo poses of setting deposit levels and collecting a	orting agencies
Applicant Signature:	·	Date:	
Application for memb	ership and service approved and acc	cepted by the Board of Trustees this	_ day
of	20		

SOUTHEASTERN ELECTRIC COOPERATIVE, INC.

ATTEST:

(seal)