



**Amicalola
Electric Membership Corporation**

544 Hwy 515 South
Jasper, GA 30143
Telephone: (706) 253-5200
Fax: (706) 253-5213
Email: memberservice@amicalolaemc.com

A/C# _____
Date _____
By _____
SVO# _____

SERVICE APPLICATION

Applicant's Legal Name _____
S.S. # / Federal ID _____ Driver's License # _____
Billing Address _____

City State Zip Code

Previous Mailing Address _____
Phone # [] _____ Mobile # [] _____
Spouse _____ Spouse S.S. # _____
E-Mail _____
Applicant's Employer _____ Phone # [] _____
Spouse Employer _____ Phone # [] _____
Nearest Relative _____ Relationship _____
Or Contact _____

SERVICE REQUEST

County _____ Desire Date _____
Service Address _____

Own _____ Property Owner _____
Rent _____ Address _____

Type of Service (House) _____ (Mobile Home) _____ (Temp) _____ (S/L) _____ (Other) _____

Directions to Property _____

Applicant acknowledges that at the time he/she signed this application he/she received a copy of the Bylaws, Rules and Regulations and the Statement of Nondiscrimination.

In the event your account is delinquent and collected through an attorney or a collection agency, additional collection fees and interest will be charged to your account. Applicant acknowledges and consents to the Cooperative receiving and obtaining applicant's credit report.

Signature of Applicant _____ Date _____

*Please include a copy of your driver's license with application.

Membership Fee \$ _____
Consumer Deposit \$ _____
Processing Fee (nonrefundable) \$ _____
Total \$ _____