



**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
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 \$ _____