

Printed Name

Utilities District of Western Indiana REMC

P.O. Box 427, Bloomfield, Indiana 47424

Telephone: (812)-384-4446

Email: memberservice@udwiremc.com

(800)-489-7362

Fax: 812-384-2422
Website: www.udwiremc.com

FOR OFFICE USE ONLY:	_		
	Membership App	lication (Busine	ess/Corporation)
ACCOUNT		-	Date
NUMBER:	New Applicat	ion	
	1 <u> </u>	ID Verifie	d by:
	Update only,	I am an existing member	r.
PLEASE PRINT			
Business/Corporation Name:			
Mailing Address:		Business Phone:	
Thailing Flouress.		Business Frience.	
City:	State:	Zip:	County:
Email Address:		Tax ID Number:	
Billing Contact Person(s):		Phone:	
billing contact i craon(s).		Thoric.	
		Phone:	
Additional Contacts:			
Additional Contacts.			
Name:		Phone:	
Name:		Phone:	
If you would like to get alerts and reminders, please check all that apply:			
Text Message Email Please select cell phone provider:			ler:
Due Date Reminder		AT&T	
Past Due Reminder		Verizon	
Returned check alert		Other	
Payment confirmation			
Email address:			
The undersigned (hereinafter called the "Applicant") hereby requests electric service from the Utilities District of Western Indiana REMC and herewith makes application for			
membership in said corporation. The applicant agrees to purchase electric energy used at the location covered by this application and agrees to be bound by the Articles of			
Incorporation, the By-Laws and amendments thereto, and such rules and regulations as may be adopted from time to time by the Board of Directors. Payment for electricity			
shall include for each member a subscription to the Electric Consumer published by the Indiana Statewide Association of Rural Electric Cooperatives, Inc.			
This applicant gives consent to Utilities District of Western Indiana REMC and other businesses contracted by REMC			
to contact them via telephone, automated telephone dialing system, email and text message for pre-planned outages,			
consumer feedback, and/or debt collection purposes.			
All statements are true and complete to the best of my knowledge.			
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Authorized Person's Signature		Date	
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