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: 812-384-3127
Website: www.udwiremc.com

For office use only Membership Application (Business/Corporation)			
Account #	N	lew Member	Date
APPLICANT INFORMATION - PLEASE PRINT Business/Corporation Name:		pdate Only - Existing	Member
Mailing Address:		Business Pho	ne:
City:	State:	Zip:	County:
Email Address:		FEDERAL Tax	ID Number:
Billing Contact Person(s):		Phone:	
		Phone:	
Additional Contacts:			
Name:		Phone:	
Name:		Phone:	
If you would like to get alerts and re	minders, please	check all that apply	<u>,</u>
membership in said corporation. The applicant agrees to Incorporation, the By-Laws and amendments thereto, a shall include for each member a subscription to the Electrons	Ereby requests electric service purchase electric energy and such rules and regulatic ctric Consumer published by	y used at the location covered ons as may be adopted from by the Indiana Statewide Asso	of Western Indiana REMC and herewith makes application for I by this application and agrees to be bound by the Articles of time to time by the Board of Directors. Payment for electricity eciation of Rural Electric Cooperatives, Inc.
This applicant gives consent to Utilities to contact them via telephone, automa consumer feedback, and/or debt collect All statements are true and complete	ted telephone dial tion purposes.	ing system, email and	d text message for pre-planned outages,
Authorized Person's Signature			Date
Printed Name			