



Utilities District of Western Indiana REMC

P.O. Box 427, Bloomfield, Indiana 47424

Telephone: (812)-384-4446 (800)-489-7362 Fax: 812-384-3127

Email: memberservice@udwiremc.com Website: www.udwiremc.com

For office use only

Membership Application

DATE: _____

Account # _____

☐

New Application

☐

Update only, I am an existing member.

APPLICANT INFORMATION - PLEASE PRINT

Full Name: _____

Mailing Address: _____

If Renting,
Landlord's Name: _____

City, State, Zip _____

County: _____

Service Address: _____

Home Phone: _____

Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Email Address: _____

JOINT MEMBERSHIP APPLICANT INFORMATION: * Joint applicant is financially responsible and has the authority to make changes to the account at any time

Full Name: _____

Relationship to Applicant: _____

Social Security Number: _____

Date of Birth: _____

Cell Phone: _____

Email Address: _____

If you would like to get alerts and reminders, please check all that apply:

Due Date & Arrangement Reminder

Past Due Reminder

Returned check alert

Payment confirmation

Energy Usage Alert (Daily)

Text Message

☐
☐
☐
☐
☐

Email

☐
☐
☐
☐
☐

Please select cell phone provider:

☐
☐
☐

AT&T

Verizon

Other _____

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.

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.

Signature (Applicant) _____

Date _____

Signature (Joint Applicant) _____

Date _____