

LAMB COUNTY ELECTRIC COOPERATIVE, INC.  
MEMBERSHIP AGREEMENT

This agreement made between Lamb County Electric Cooperative, Inc. (hereinafter called the "Cooperative") and "Applicant".

Applicant agrees that the proper execution of this agreement and payment of a \$5.00 membership fee constitutes application for membership in the Cooperative.

Applicant agrees to purchase electric energy from the Cooperative whose principal offices are located at 2415 South Phelps Avenue, Littlefield, Texas. Applicant agrees that, when accepted by the Cooperative, this agreement shall constitute acceptance of the Applicant by the Cooperative into the membership of the Cooperative. Applicant agrees to comply and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules, regulations, and rates as may hereafter be adopted by the Cooperative as well as all rules and regulations prescribed by jurisdictional regulatory agencies.

Applicant agrees that all lines supplying applicant with energy, together with all switches, transformers, meters, appliances and equipment constructed or installed by the Cooperative shall at all times be and remain the sole property of the Cooperative, and the Cooperative shall have the right of access to said property to read meters, repair and service, and upon discontinuance of service for any reason, to remove same.

Applicant agrees that all amounts due under this agreement shall be payable at the Cooperative's offices located at 2415 South Phelps Avenue, Littlefield, Texas, or at such other locations as may be designated by the Cooperative. Applicant agrees to be responsible for paying any and all sums due the Cooperative for which Applicant may hereafter be liable for, charged with, or obligated to pay

APPLICANT AGREES TO ESTABLISH AND MAINTAIN SATISFACTORY CREDIT WITH THE COOPERATIVE. FAILURE TO ESTABLISH A SATISFACTORY CREDIT RATING WITHIN 10 DAYS COULD RESULT IN THE COOPERATIVE REQUIRING A DEPOSIT.

TYPE OF MEMBERSHIP ( ) Corporation ( ) Cooperative ( ) School

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Tax ID # \_\_\_\_\_ State Charter # \_\_\_\_\_

APPLICANT'S OFFICER'S INFORMATION

President \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT'S PREVIOUS UTILITY INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_

DRAFT INFORMATION

Do you want a draft drawn on your account? \_\_\_\_\_ If yes please complete this portion.

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Bank Account # \_\_\_\_\_

AUTHORIZED REPRESENTATIVE'S INFORMATION

Requests for service on behalf of applicant will not be considered unless received from one of the persons listed below.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License# \_\_\_\_\_  
How is this authorization granted? (Documentation Required) \_\_\_\_\_

VOTING DELEGATES: Any person herein duly authorized as an authorized representative may represent the organization as a voting delegate provided that person is not the voting delegate for any other membership.

APPLICANTS SIGNATURE: By signing this membership agreement, I hereby affirm that I am listed above herein as an authorized representative of applicant and have presented documented evidence that I am authorized to commit applicant to the conditions stated herein and the conditions stated in any other agreements made between applicant and the Cooperative. I also hereby affirm that applicant does not hold membership in the Cooperative under any other name and does not owe the Cooperative any monies under any other membership name. I further state that all above information is true and correct to the best of my knowledge, that I have read this agreement and agree to the conditions stated above, and that I was informed that a copy of the Cooperative's complete tariff is available for my inspection at its offices in Littlefield. IT IS ALSO AGREED THAT THE COOPERATIVE WILL BE INFORMED WHEN AN AUTHORIZED REPRESENTATIVE LISTED HEREIN IS NO LONGER AUTHORIZED TO REPRESENT APPLICANT.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative

Cooperative's Acceptance

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative