

LAMB COUNTY ELECTRIC COOPERATIVE, INC.
MEMBERSHIP AGREEMENT

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

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

Partners agree to purchase electric energy from the Cooperative whose principal offices are located at 2415 South Phelps Avenue, Littlefield, Texas. Partners agree that, when accepted by the Cooperative, this agreement shall constitute acceptance of the Applicant by the Cooperative into the membership of the Cooperative. Partners agree 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.

Partners agree 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.

Partners agree 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. Partners agree 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

PARTNERS AGREE 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.

It is agreed that all partners of applicant listed herein are hereby authorized to represent applicant on all membership matters of Seller and to make any commitments to Seller which are acceptable to Seller that he/she determines are appropriate.

TYPE OF MEMBERSHIP () Partnership

Name _____ Phone _____

Service Address _____

Address _____ Town _____ State _____ Zip _____

Tax ID # _____ State Charter # _____

PARTNER'S INFORMATION

Name _____ Phone _____

Address _____ Town _____ State _____ Zip _____

Social Security # _____ Drivers License # _____

Name _____ Phone _____

Address _____ Town _____ State _____ Zip _____

Social Security # _____ Drivers License # _____

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

I hereby state that I am a partner and agree to be personally responsible for any and all obligations made to Seller. I further agree that if electric service is disconnected for non-payment of monies owed to Seller, seller may also disconnect service, which I am receiving under my joint or individual membership.

Partner _____

Partner _____

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.

APPLICANT'S SIGNATURE: By signing this membership agreement, I hereby affirm that I am listed above herein as an authorized representative of applicant. I also hereby affirm that the applicant 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 it's offices in Littlefield.

Signed: _____ Date _____

Authorized Representative

Cooperative's Acceptance

BY: _____ Date: _____

Authorized Representative