



**Black Hills  
Electric Cooperative, Inc.**

P.O. Box 792  
Custer, SD 57730-0792

Telephone: (605) 673-4461  
Toll-Free: (800) 742-0085  
E-mail: bhec@bhec.coop  
Fax: (605) 673-3147

**\*\*\*\* APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP \*\*\*\***

The applicant hereby requests electric service and applies for membership in the Cooperative with all voting and related privileges and agrees to comply with and be bound by the By-Laws, Rules, Regulations, Rates, and Policies as adopted by the Cooperative's Board of Directors and membership from time to time. We are required to provide you with certain information about your cooperative. Our monthly newsletter, *Black Hills Electric Cooperative Connections*, is the most economical way to keep you informed. The applicant promises to pay a security deposit or provide a good credit reference as a condition of membership. The undersigned promises to pay for all electric service received and charges incurred. The undersigned grants to the Cooperative the right and all easements necessary to construct, operate, maintain and repair its lines and all equipment connected or used in connection therewith and to cut, trim trees, bushes, or shrubbery as to completely clear BHEC's line of obstructions. All service lines, meters, switches, and other equipment constructed or installed by the Cooperative remain the sole property of the Cooperative. **If co-applicant is a spouse of the applicant, joint membership does apply. If co-applicant is not a spouse, co-applicant agrees and understands that membership is solely in the name of the applicant and all capital credits accrue to the applicant only. Each applicant, co-applicant, and joint member is jointly and severally liable for all charges incurred and monies owing resulting from and in connection with the receipt of electrical service.**

Applicant's Name (Please Print) Last 4 digits SSN Date of Birth Applicant's Signature

Home Telephone Number Cell Number Business (Other) E-mail Address

Co-Applicant's Name (Please Print) Last 4 digits SSN Date of Birth Co-Applicant's Signature

Home Telephone Number Cell Number Business (Other) E-mail Address

SPOUSE  YES  NO

Applicant's Place of Employment Co-Applicant's Place of Employment Today's Date

Mailing Address City State Zip + 4

Address of Service City State Zip + 4

**ATTACH COPY OF DRIVER'S LICENSE OR OTHER GOVERNMENT-ISSUED PHOTO ID FOR EACH APPLICANT**

What does this account serve? (Residence, Household Well, Rental Property, Livestock Well, Cabin, Other) \_\_\_\_\_

Have you been a member of Black Hills Electric Cooperative in the past? Yes No

If so, should this account be under the same membership number? Yes No

Name(s) under previous membership \_\_\_\_\_

If you rent this service, who is the owner? \_\_\_\_\_

Who should we contact if you're unavailable? Phone: \_\_\_\_\_

**VOLUNTARY INFORMATION**

According to the Civil Rights Compliance Requirements, all RUS Borrowers must establish and maintain a documented system to identify and code the race/ethnic group of residences within their service area. **Your response to the following information is voluntary:**

**Racial/Ethnic Group:**

- White  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other
- Hispanic or Latino  Asian  Other \_\_\_\_\_

**Office Use Only:** SO/WO NO. \_\_\_\_\_ LOCATION \_\_\_\_\_ CUSTOMER NO. \_\_\_\_\_ MSR \_\_\_\_\_

DEPOSIT/CREDIT REFERENCE \_\_\_\_\_ OTHER ACCT. NO. \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_