



**Black Hills
Electric Cooperative, Inc.**

P.O. Box 792
Custer, South Dakota 57730-0792

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

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

The undersigned 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. Your membership includes a subscription to this newsletter at a cost of 50 cents per month, including postage. The undersigned promises to pay a security deposit or provide a good credit reference and promises to pay for all electric service received and charges incurred and as a condition of membership, will give an easement for service. The undersigned grants to the Cooperative the right to construct, operate, maintain and repair its lines and all equipment connected or used in connection therewith and to cut and 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.

Corporation Name Tax ID Number Authorized Signature Date

The undersigned Guarantors agree to be jointly and severally bound for all fees, charges and unpaid balances due by the above corporation to Black Hills Electric Cooperative, Inc.

Officer & Guarantor S.S. Number Officer & Guarantor's Signature

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Corporation Address City State Zip + 4

Home Telephone Number Business Telephone Number E-Mail Address

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 _____

Is this account your primary residence? Yes No

For Office Use Only:	ACCOUNT/MEMBER NO. _____	DATE _____
LOCATION _____	SO/WO NO. _____	OTHER MEMBERSHIP NO'S. _____
SASN _____	BD SASN CHECK _____	D/CR _____ DP _____ BC _____

Revised 10/06