



Columbus Electric

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A Touchstone Energy® Cooperative



Membership Application

Single Membership: _____ Joint Membership: _____

Name/Business _____

Contact Name if Business: _____

SSN#/Tax ID #: _____ Date of Birth: _____

Phone #: _____ Cell Phone #: _____ Drivers License #: _____

Physical Address to be connected: _____

Service Location # to be connected: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Own: _____ Rent: _____ Copy of Lease on file: _____

Name of Spouse: _____

SSN#: _____ DOB: _____ Drivers License #: _____

Identified representatives of the Cooperative shall have the right to enter and leave the consumer's property at all reasonable hours for the purpose of inspecting, testing, or changing or removing its meters, wires, and appliances, obtaining correct connected load count, measuring demand and inspecting character of consumers appliances and apparatus supplied with electricity from the Cooperative's system.

Signature: _____ Date: _____

Signature: _____ Date: _____

CEC USE ONLY

_____ Residential _____ Small Com. _____ Large Com. _____ Irrigation

_____ Industrial _____ Yard Light

Application & ID verified by: _____ Date: _____

Comments: _____