Member Number_____

Form: G-11

Dakota Valley Electric Cooperative
7296 Highway 281
Edgeley, ND 58433
Membership Application

Use full legal name (please print or type). If your account is a joint account, make sure to list the persons holding the account.

Member Name	Middle Initial	Last Name	Social Security Number	Birthdate
Joint Name	Middle Initial	Last Name	Social Security Number	Birthdate

Street Address or P.O. Box	City	State	Zip code

Phone	Cell Phone	Cell Phone

Please check which describes the type of account:

_____ Individual _____ Joint

Applicants Racial/Ethnic Group: ** *(Please see note below)*

__Caucasian __African American __American Indian

__Hispanic __Asian __Native Hawaiian/Pacific Islander __Other

_____ (hereinafter called the "Applicant") hereby applies for membership for one or more service connections and agrees to purchase electric energy from Dakota Valley Electric Cooperative (hereinafter called the "Cooperative").

In making application for membership, the undersigned further agrees to comply with and be bound by the Articles of Incorporation and the Bylaws and any amendment thereto and such rules, regulations and policies as may from time to time be adopted by the board of directors.

The applicant further agrees that upon the acceptance of this application by the Cooperative, this document shall constitute a binding agreement between the Applicant and the Cooperative and shall continue thereafter until terminated by either the applicant or the Cooperative. This agreement shall be in addition to the Bylaws, policies and any separate contract(s) made and entered into by the applicant and the Cooperative.

Dated this _____ day of _____, _____

_____
Applicant's Signature

_____
Joint Signature

_____
Dakota Valley Electric Cooperative President

(CO-OP SEAL)

_____
Dakota Valley Electric Cooperative Secretary

*****WHY PROVIDE THIS INFORMATION:***
As a participant in a Federal utilities financing program Dakota Valley Electric Cooperative, Inc. is required to identify and document as accurately as possible, the racial/ethnic data on eligible population in our service area. The information you provide will be used only for FEDERAL GOVERNMENT REPORTING PURPOSES and your response is optional.

_____
Date Approved

Routing Billing
2016

This institution is an equal opportunity provider and employer.