



Energy Co-op of Vermont

P.O. Box 111, Colchester, VT 05446 • Tel: (802) 860-4090 • Toll-Free: 1-866-626-4328 • Fax: (802) 951-9157

New Member Application Form

Yes, I want to become a member of the Energy Co-op of Vermont.

Name _____

Billing Address _____

City _____ State _____ Zip _____

Service Address (if different):

Street _____

City _____ State _____ Zip _____

Home Phone: _____ Daytime /Work Phone: _____ Cell Phone: _____

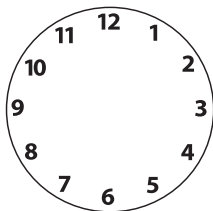
E-mail: _____

Household Information

1. Do you own or rent your home? Own Rent
2. Is it: Single Family Home Mobile Home Apartment Commercial Building Condo Duplex
3. How many rooms are there? _____
4. Quality of insulation: Poorly Insulated Moderately Insulated Well Insulated
5. Age of furnace/boiler: Over 20 years 10-20 years less than 10 years
6. I (We) heat my (our) **home** with: Oil Kerosene Wood Pellets
7. I (We) heat my (our) **water** with: Oil Kerosene Propane Gas Electricity Wood Pellets

Fuel Tank Information (Oil and Kerosene only)

1. Tank Size: 275 gallons (44" x 27" x 60") 130 gallons (44" x 27" x 30")
 Other (explain: _____)
2. I (we) have: Furnace (Hot Air) Boiler (Radiators) Steam Monitor
3. I (we) use: _____ (approx.) gallons of Oil/Kerosene each year.
4. Our tank was last filled on _____ and we have _____ gallons now.
5. Our tank is located: _____ (e.g. basement, outside)
6. The fill pipe is located: _____
7. Please circle the number that indicates the position of the fill pipe for your tank:



Front of House

Directions to House

Description of House

Payment Options (does not apply to Budget or Pre-Buy members)

- I will pay within ten days of each oil or kerosene delivery (by cash or check) and will receive an 8 cent per gallon discount (provided I have no outstanding balance).
- I would like to be billed monthly.
- I want every oil, kerosene or wood pellets delivery to be automatically charged to my credit or debit card. I will receive an 8 cents per gallon discount for oil or kerosene.

Name on Card _____ MasterCard Visa _____ 3-digit PIN (on back of card)

Card Number _____ Expiry Date _____

Credit References

Social Security Number: _____

Current Employer: _____

Address: _____

Phone: _____

By signing below, I am applying for membership in the Energy Co-op of Vermont (the Co-op), operated as a cooperative for the benefit of its members. By applying for membership in the Co-op, I have read and understood the bylaws under which my membership will be accepted. I understand that my membership will become effective upon payment of my annual membership fee of \$12.00*, at which time I am entitled to all rights and privileges of ownership. I also understand that I am authorizing the Co-op, and/or its assigned credit bureau to obtain my credit report and/or to investigate the information in this application. If my application is approved, I also authorize the Co-op and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit for account review purposes and other legitimate activities associated with my account. The Co-op requires its members to be put on the automatic delivery plan (for oil and kerosene only) so that it can provide services to them in a more efficient manner. **I understand, therefore, that (if not already), I will become an "Automatic" customer and that the Co-op will schedule my oil or kerosene deliveries.** If I no longer need oil or kerosene deliveries, I will call the Co-op to inform them. I also understand that the Co-op may contact me to discuss specific pricing plans and delivery instructions.

Signature: _____ Date: _____

- * I've enclosed **\$12** for my annual membership fee (**Today's date is between July 1 & Dec. 31**)
- * My annual membership fee is waived until July 1 (**Today's date is between Jan. 1 & June 30**)
- I will be scheduled for automatic oil or kerosene deliveries. Please make a delivery to top off my tank.
- I burn wood pellets and will call to schedule deliveries. I want to order _____ tons.

Additional information or questions: _____

I heard about the Co-op from (check one):

<input type="checkbox"/> Friends or Neighbors	<input type="checkbox"/> Previous Owner/Landlord	<input type="checkbox"/> Co-op Member, Name: _____	
<input type="checkbox"/> Yellow Pages Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Co-op Employee, Name: _____	
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other _____	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Web Search/Online

Thank you for becoming a member of the Energy Co-op of Vermont!