

CENTENNIAL COMMUNITY COOPERATIVE

APPLICATION FOR MEMBERSHIP and SERVICE(s) – Residential

Cooperatives are member-owned, member-governed businesses that operate for the benefit of their members according to common principles agreed upon by the international cooperative community and directed by a Member-elected Board of Directors. As a Member of Centennial Community Cooperative you have rights, responsibilities and benefits. (See "By-laws".) If you would like to become a Member, and if your place of residence is in one of these zip codes – 83423, 83425, 83435, 83446, 83450 – you are eligible for Membership (one membership per each 911 physical address). Please complete and submit this form to MLT Cooperative: By mail: PO Box 235, Dubois, ID 83423; or In-person: 59 W. Main, Dubois

If your residence is not in one of the referenced zip codes, membership is not allowed per Centennial Community Cooperative By-Laws. However, we would be pleased to provide you services if you reside in our service area. Please complete an Application for Customer Account and Service(s).

MEMBERSHIP

Membership Information:

Benefits, rights and responsibilities of Membership: See "By-laws".

Fees: One-time Membership fee of \$50.00

For Sole Membership, please complete the following:

Name: _____

Physical Address of Residence (911 Address):

Street Address _____ City _____ State _____ Zip code _____
Do you own or rent your residence? ___ Own ___ Rent (Name & Phone No. of owner) _____

Mailing Address if different than Physical Address (for billing & communication purposes):

PO Box _____ City _____ State _____ Zip code _____

Date of Birth _____ Social Security Number _____

State issued personal ID number (attach photocopy) _____

E-mail Address _____

Mobile Phone Number _____

For Joint Membership (must be legally married) at the same physical address, please provide the following information for spouse:

Spouse's Name _____

Date of Birth _____ Social Security Number _____

State issued personal ID number (attach photocopy) _____

E-mail Address _____

Mobile Phone Number _____

Capital Credits Beneficiary Designation:

You may name a beneficiary to receive your capital credits upon your death. If you complete the following, we will keep the information on file. Upon your death (if sole membership), the beneficiary you have named on the form may claim

the capital credits in your account. Having this information on file with Centennial Community Cooperative will simplify the process of claiming capital credits for your loved ones during a sad and stressful time. By naming your beneficiary, capital credit funds will not be tied up with your estate; they will be paid directly to your beneficiary.

Please provide the requested information and make a copy of the information and include it with your important papers. For more information and to decide whether or not to designate a beneficiary, please consult legal counsel.

Primary Beneficiary:

*Beneficiaries must be a natural person over the age of 18 as of today's date.

*Beneficiaries may not be a business, trust, foundation, or other organization.

Name (first, middle initial, last) _____

Phone Number _____ Date of Birth _____ Last 4 digits of SS No. _____

Mailing Address _____

E-mail Address _____

Secondary Beneficiary:

*We recommend that you designate a primary and a secondary beneficiary(ies).

*If both/all beneficiaries are deceased at the time of your death, we will distribute capital credit funds per Idaho estate law.

Secondary Beneficiary (the secondary beneficiary will only receive funds if the primary beneficiary named is deceased.)

Name (first, middle initial, last) _____

Phone Number _____ Date of Birth _____ Last 4 digits of SS No. _____

Mailing Address _____

E-mail Address _____

Agreement and Signatures:

I have read the "By-laws" and agree to abide by the By-laws and all Member and Customer Policies. By my signature, I certify the information I have provided for membership is accurate:

Applicant's Signature Date

Spouse's Signature (if joint account) Date

OFFICE USE ONLY – MEMBERSHIP:

Membership Fee (\$50) billed on _____ (date); paid on _____ (date)

Membership Approved by Board of Directors on (date) _____

Member Number _____ Certificate Number _____ Account Number _____ Date Completed _____ CSR initials _____

CUSTOMER ACCOUNT

Account Information:

My Account Information is the same as my Membership Information unless written differently in the Services sections below.

I understand I will be billed for services provided to me at the fees listed (or as updated from time-to-time with Board of Directors approval.) I will pay for services per the terms indicated on each bill/statement.

Other individuals I would like to have access to my Customer Account information:

Name of Individual	Phone Number of Individual	Relationship to me

My preferred payment Method (circle one):

Method	Banking Institution or Credit Card Issuer
Credit Card	
Check	
Cash	N/A

OFFICE USE ONLY – CUSTOMER ACCOUNT:

Customer Number _____ Date Completed _____ CSR initials _____

SERVICES

I request the following services be installed/provided at the address listed on the prior page.

INTERNET SERVICE (ISP) through Idaho Internet (must reside in ISP service area):

Services: Provision of internet connection.
Fees: One-time Initial Installation Fee of \$50.00

Monthly Recurring Fee is based on service level selected (not all speeds are available in all areas).

Service Level	Download	Upload	Monthly Price
Basic	Up to 10.0 M	Up to 1.0 M	\$34.90
Level 1	Up to 15.0 M	Up to 3.0 M	\$44.90
Level 2	Up to 25.0 M	Up to 3.0 M	\$64.90
Level 3	Up to 25.0 M	Up to 25.0 M	\$84.90
Level 4	Up to 50.0 M	Up to 25.0 M	\$94.90
Level 5	Up to 100.0 M	Up to 50.0 M	\$104.90

I select (write in level): _____

OFFICE USE ONLY – INTERNET SERVICE:

Account Number _____ Date Completed _____ CSR _____

TELEPHONE SERVICE (land line & phone number) through Mud Lake Telephone (must reside in Telephone Service area):

Services: Provision of land line connection and phone number. (Does not include long distance services.)
Fees: One-time Initial Installation Fee = \$50.00

Monthly Recurring fee = \$30.25

I select telephone service and understand my phone number will be listed in the Cooperative's telephone directory.
 Yes _____ No _____

OFFICE USE ONLY – TELEPHONE SERVICE:

Account Number _____ Phone Number Assigned _____ Date Completed _____ CSR: _____

PROPANE SERVICE (delivery and tanks) through High Plains Propane (must reside in Propane service area):

Auto-Fill Service & Fees: We utilize sonar monitors to track fuel level in each tank. We re-fill customer's storage tank(s) on our regular routes to ensure you have propane available for use. You will be billed monthly for the quantity dispensed at the current price per gallon (price may change quarterly).

Will-Call Service & Fees: If you would like fuel delivered only when you call for fuel, a delivery fee applies (emergency delivery fee or general delivery fee). You will be billed monthly for the quantity dispensed at the current price per gallon (price may change quarterly) and you will be billed any associated delivery fees.

I select (write in service type): _____

Storage Tank Rental: We provide a storage tank and we set/connect the tank. The tank is the property of Centennial Community Cooperative. If you terminate Auto-Fill Service or Will-Call Service with us, we will disconnect and remove the tank from the premises, and you will be billed for the disconnect and removal. Storage tank rental fees are billed annually and are based on the size of the storage tank. You are not authorized to have another propane delivery service company fill Cooperative-owned tanks.

The following tanks (Cooperative-owned and/or Customer-owned) are located on my property at address(es) written below. I authorize Centennial Community Cooperative staff members to be on my property to maintain and/or fill tanks and will ensure access to the tank(s) is always clear.

Tank Size	Serial Number	Tank Address	Annual Price (N/A if customer-owned)

OFFICE USE ONLY – PROPANE SERVICE:

Account Number _____ Date Completed _____ CSR _____

HVAC SERVICES through Heart HVAC (must reside in HVAC service area):

Services: Centennial Community Cooperative Employs Journeyman or Master Journeyman only. We provide high-quality services at Cooperative-based prices.

Fees:

Bid for Installation of Equipment or Repair of Equipment: Free to Members. (Non-members pay a nominal fee based on travel distance).

HVAC Equipment: Fees based on equipment selected and purchase date.

Repairs: Fees based on services provided.

Routine Maintenance: Fees based on services provided.

OFFICE USE ONLY – HVAC SERVICES

Account Number _____ Date Completed _____ CSR _____

OTHER SERVICES WE PROVIDE:

Excavation Services

Information Technology Support Services

Phone Systems Support Services

Call us (208-374-5401), e-mail us (centennialcommunitycooperative@mudlake.us), or stop by (59 West Main Street, Dubois, ID) for more information.