

# APPLICATION FOR MEMBERSHIP

MID-RIVERS TELEPHONE COOPERATIVE, INC.

Membership: \_\_\_\_\_

Exchange: \_\_\_\_\_

The undersigned hereby applies for membership with Mid-Rivers Telephone Cooperative, Inc., (hereinafter called the "Cooperative") and agrees to take service upon the following terms and conditions:

- A. To purchase services from the Cooperative in accordance with established rates and tariffs.
- B. To provide right-of-way when needed at no cost. This may include right-of-way for toll and **exchange services crossing the applicant's property in addition to right-of-way for services to applicant's property**, provided that reasonable compensation shall be paid by the Cooperative for any surface damage arising from use of the right-of-way.
- C. To comply with and be bound by the Articles of Incorporation and Bylaws of the Cooperative and any rules and regulations adopted by the Board.
- D. To pay all amounts owed as presented when the same become due and payable.
- E. **FUTURE UNCLAIMED CAPITAL CREDITS**  
Notwithstanding any other provision of the bylaws or other provisions of the Membership Certificate, if any member or former member fails to claim any cash retirement of capital credits from the Cooperative within five (5) years after payment of the same has been made available by notice at the last address furnished to the Cooperative, such failure shall be and constitutes an irrevocable assignment and gift by such member of such capital credits to the Cooperative for educational purposes. The assignment and gift shall become effective only upon the expiration of five (5) years from the date when such payment was made available to such member or former member.
- F. Applicant must be eighteen (18) years of age or older.
- G. **Applicant acknowledges that Mid-Rivers may perform a credit check before providing the terms of service.**

NAME(S): \_\_\_\_\_

EMPLOYER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(Husband-if joint)  
EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PROPERTY ADDRESS  
(IF DIFFERENT) \_\_\_\_\_

(Wife-if joint)  
EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ self

(Husband-if joint)

DATE OF BIRTH: \_\_\_\_\_ spouse

SOC. SEC. # \_\_\_\_\_

Email: \_\_\_\_\_

(Wife-if joint)

Phone Number: \_\_\_\_\_

FED ID# \_\_\_\_\_

**SIGNATURE OF APPLICANT(S) (BOTH MUST SIGN IF MEMBERSHIP IS JOINT):**

PERSONAL REFERENCES (2): BELOW PLEASE LIST NAMES ALONG WITH TELEPHONE NUMBERS OF INDIVIDUALS WHO PROBABLY KNOW HOW WE COULD CONTACT YOU NOW AND IN THE FUTURE:

\_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

NAME AND ADDRESS OF THE RECORD PROPERTY OWNER  
(IF DIFFERENT THAN APPLICANT):

SIGNATURE OF PROPERTY OWNER(S) (IF DIFFERENT THAN APPLICANT'S) (SEE NOTE BELOW):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

NOTE: IF PROPERTY TO WHICH SERVICE IS TO BE PROVIDED IS OWNED BY MORE THAN ONE INDIVIDUAL EITHER IN JOINT TENANCY OR TENANCY-IN-COMMON, THEN THIS APPLICATION SHALL BE SIGNED BY ALL OWNERS OF RECORD. IF PROPERTY IS OWNED BY A CORPORATION OR PARTNERSHIP, THE APPLICATION MUST BE ACCOMPANIED BY AUTHORITY TO BIND THE CORPORATION OR PARTNERSHIP

**Mid-Rivers Communications may perform a credit check before providing service.**

**Mid-Rivers Communications reserves the right to deny or alter the terms of service based upon a credit check.**

Please Return to: Mid-Rivers Telephone Cooperative, Inc., PO Box 280, Circle, Montana 59215

T/Customer Serv/Sign-up Forms-All Services/App for Membership 020216