

Energy Cooperative of America Membership Agreement

 Company Contact Name (Print) Title

 Billing Contact (if different from above) Title

 Firm Name

 Firm Billing Address City State Zip

 Account Service Address City County State Zip

Utility Account Information

(attach additional sheets as necessary)

Utility Name	Gas or Elec	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** If this is a NYSEG/RG&E account we will need the POD# found on the 3rd page of your invoice***

 Daytime Phone Fax e-mail address

I have received a copy of and I agree to the conditions of ECA’s “Energy Supply Disclosure Statement”. I understand that a copy of the By-laws of the Energy Cooperative of America, Inc is available upon request.

 Name Date

Please attach a complete copy of an existing utility bill for each account you are enrolling in the Cooperative. We cannot enroll an existing account without this information.