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Energy Cooperative of America, Inc. Membership Form 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 *** Penelec and Met Ed customers please include your customer number and account number*** **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. Signature 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.