

BETHUNE RURAL WATER COMPANY, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: *(Copy of Picture ID)*

Date of birth:	SSN: <i>(Copy)</i>	Drivers Lic#
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Home Phone:	Work Phone:	Cell Phone:
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Property address:

Mailing address: *(If different than above)*

City:	State: ZIP Code:	E-mail:
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Own Rent <i>(Please circle; Copy)</i>	Landlord:	Landlord Phone:
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EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
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EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

SPOUSE INFORMATION IF JOINT MEMBERSHIP (MUST BE JOINT PROPERTY OWNER OR JOINT LEASE HOLDER)

Name:

Date of birth:	SSN:	Phone:
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SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
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NAMES OF PEOPLE WHO WE CAN RELEASE ACCOUNT INFORMATION

Name	Name
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Name	Name
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SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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Signature of spouse <i>(only if for a joint membership):</i>	Date:
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* = Required Information