

BETHUNE RURAL WATER COMPANY, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: *(Copy of Picture ID)*

Date of birth:

SSN: *(Copy)*

Drivers Lic#

Home Phone:

Work Phone:

Cell Phone:

Property address:

Mailing address: *(If different than above)*

City:

State:

ZIP Code:

E-mail:

Own

Rent

(Please circle; Copy)

Landlord:

Landlord Phone:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly

Salary

(Please circle)

Annual income:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

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

Name:

Date of birth:

SSN:

Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly

Salary

(Please circle)

Annual income:

NAMES OF PEOPLE WHO WE CAN RELEASE ACCOUNT INFORMATION

Name

Name

Name

Name

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:

Signature of spouse *(only if for a joint membership):*

Date:

* = Required Information