



475 Cairo Highway
P.O. Box 409
Camilla, GA 31730

229-336-5221 or 1-800-479-6034

Application processed by Preferred service date Application date

COMPLETE Legal Name Required

Last First M

Mailing address

City State Zip

Phone Night

Cell

Employment Information

Employer

Address

Phone

Spouse/Family Information

Last First M

Employer

Phone Cell

Name of nearest relative not living in household

Relationship

Phone Address

Opportunities to support our Communities

Op Roundup Project Share Amt \$

Have you prev. had service with MEMC?

If so, under what name?

Address

New Service

Residential Poultry

Irrigation Other

Within City Limits? Yes No

Names of adults living here

Legal owner of service location

Address

Phone

Service address

City GA County

Account Number

Location Number

FEES:

Membership \$5.00

Deposit \$

Connect Fee \$ 35.00

Other \$

Total \$

Documentation Attached

Drivers license

Second ID

Life support

Rent Receipt

Other

Notes

I agree to abide by the Membership Agreement, procedures, policies, bylaws, service rules & regulations of the Corporation.

Signature _____ DOB Driv. license # SSN

If Joint Account - Spouse Information Required

Signature _____ DOB Driv. license # SSN