

**DONIPHAN ELECTRIC COOPERATIVE ASSOCIATION, INC.
P O BOX 699 / 530 W JONES ST
TROY, KANSAS 66087
785-985-3523 • 800-699-0810**

I would like to add my spouse's name _____,

Social Security Number _____, to my membership in Doniphan Electric

Cooperative Association, Inc. I understand that this will entitle him/her to all benefits and

responsibilities attached to the membership.

Date

Members Name

Signature

Address

I agree to the above request.

Spousal signature