

# DONIPHAN ELECTRIC

COOPERATIVE ASSOCIATION, INC.



PO BOX 699  
530 West Jones  
Troy Kansas 66087  
PH 785-985-3523

I would like to add a person to my membership in Doniphan Electric. I understand that this will entitle him/her to all benefits and responsibilities attached to the membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Information about person being added to membership

Name \_\_\_\_\_

Birthdate \_\_/\_\_/\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
New member signature

\_\_\_\_\_  
Date