



NEW MEMBER CONSTRUCTION FORM

Please print clearly

Main Office
 PO Box 71249
 Fairbanks, AK 99707-1249
 (907)452-1151
 1-800-770-GVEA (4832)
www.gvea.com
Delta Junction
 PO Box 909
 Delta Junction, AK 99737-0909
 (907)895-4500, fax: 895-5472
Nenana
 PO Box 00130
 Nenana, AK 99760-0130
 (907)832-5481, fax: 458-6387

GVEA is a member-owned electric cooperative. When you accept service from GVEA, you agree to comply with Golden Valley Electric Association Bylaws, Policies and Operating Tariff. Copies of these documents are available upon request.

Have you ever been a member of GVEA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?
Address of previous GVEA location	

Primary Member Information

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip
Home Phone	Work Phone	Cell Phone
SSN (used for credit verification and GVEA capital credit purposes)	DOB	Driver's Lic #/State

Joint Member Information (Spouse/Co-Applicant)

(If joint, GVEA may collect the full amount owed from either of the applicants.)

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip
Home Phone	Work Phone	Cell Phone
SSN (used for credit verification and GVEA capital credit purposes)	DOB	Driver's Lic #/State

Rental Property or Business?

Is this a rental property or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the: <input type="checkbox"/> Owner <input type="checkbox"/> In process of purchasing <input type="checkbox"/> Renter <input type="checkbox"/> Agent <input type="checkbox"/> Other
If this is a business, please describe:	
If renting you MUST provide the owner's or agent's name, address and phone #:	

Third Party Notification

You may designate a third party to receive a copy of any termination notice regarding disconnections initiated by GVEA. Some of the information this notice will contain includes the name and address of the member whose service is to be disconnected, the service address, the date of disconnection, and explanation of the reason for the proposed disconnections, and where appropriate, a statement of the amount of the delinquent bill. This designation does not entitle the party named to act on behalf of the member.

Last Name	First Name	Middle Initial
Mailing Address	City/State/Zip	Phone #

Signature:

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