



Energy Cooperative of America  
 1408 Sweet Home Road Suite 8  
 Amherst, New York 14228  
 Tel: 716-580-3506  
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 www.ecamerica.org

## Energy Cooperative of America Membership Agreement

\_\_\_\_\_  
 Company Contact Name (Print)                      Title

\_\_\_\_\_  
 Billing Contact (if different from above)                      Title

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Firm Billing Address                      City                      State                      Zip

\_\_\_\_\_  
 Account Service Address                      City                      County                      State                      Zip

### Utility Account Information

(attach additional sheets as necessary)

Utility Name	Gas or Elec	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\* If this is a NYSEG/RG&E account we will need the POD# found on the 3<sup>rd</sup> page of your invoice\*\*\*

\_\_\_\_\_  
 Daytime Phone                      Fax                      e-mail address

I have received a copy of and I agree to the conditions of ECA’s “Energy Supply Disclosure Statement”.  
 I understand that a copy of the By-laws of the Energy Cooperative of America, Inc is available upon  
 request.

\_\_\_\_\_  
 Name                      Date

*Please attach a complete copy of an existing utility bill for each account you are enrolling in the  
 Cooperative. We cannot enroll an existing account without this information.*