Energy Cooperative of America, Inc.
1408 Sweet Home Road Suite 8
Amherst, New York 14228
Tel: 716-580-3506
Fax: 716-932-7337
www.ecamerica.org

Energy Cooperative of America, Inc. Membership Form

_____ _____
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
_____	_____	_____
_____	_____	_____
_____	_____	_____

******* Penelec and Met Ed customers please include your customer number and account number*******

_____ _____ _____
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.

_____ _____
Signature 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.