| West R | iver Telecon | nmunicati | ons Coo | operative | PO Box 467 Hazen, ND 58545 |
|---|---------------------------|----------------------|---------------|----------------|---------------------------------|
| 4 | Application for Mem | bership and Te | lephone Serv | vice | 701-748-2211 www.westriv.com |
| Α. | (Plea | se fill out in full) | | | |
| Please Check One: Res | sidential 🗌 Farr | ner/Rancher | Home | e Business | |
| □ Name Change Telepho | ne #: | | | | |
| Marital Status: Divor (If widowed, please select "single") | ced 🗌 Marrie | d 🗌 Sin | ngle | Separated | |
| Applicant's Information | : | | | | |
| Applicant's Name: | | | | Soc. Sec. No. | |
| (Last) | (First) | | ial or Name) | | |
| Occupation: | | | | Date of Birth: | |
| Current Employer: | | | Telephon | ne #: | |
| Employer's Address: | | | City/Stat | te/Zip | |
| Personal Cell Phone #: | | Email Ad | dress: | | |
| Co-Applicant's Informat | ion: | | | | |
| Co-Applicant's | | | S | Soc. Sec. No | |
| Name:(Last) | (First) | (Ini | tial or Name) | | |
| Occupation: | | | | Date of Birth: | |
| Current Employer: | | | Telephon | e #: | |
| Employer's Address: | | | City/Stat | | |
| Personal Cell Phone #: | | Email Ad | dress: | | |
| | | | | | |
| Billing Address: (Street or PO Box) | | (City) | | (State |) (Zip Code) |
| (************************************** | | (5) | | (| In City Limits: |
| Physical Address: | | | | | Yes No |
| E911 Physical | al Address | (City) | (State) | (Zip Code) | |
| | | | | | Mobile Home: |
| Has there been service at this le | ocation before? \Box Ye | es 🗌 No | | | Yes No |
| If yes, please list the previous occu | pant's name and telephone | e number: | | | |
| Relatives and/or Neighb | ors: | | | | |
| Name: | | Relat | ionship: | | |
| Address: | | | | Telephone #: | |
| (Street or PO Box) | (City) | (State) | (Zip Code) | _ | |

Directory Listing Information:

| Do you want your number publishe | ed in the telephone directory? 🗌 Yes | No (\$1.00/Month for non-published number) |
|---|--|---|
| List in Directory as: | | |
| Directory Address: | | |
| Extra Directory Listing (\$1.00/Mon | th): 🗌 Yes 🗌 No | |
| If yes, list extra directory listing as: | | |
| The undersigned (hereinafter called the "Applicant" ar organized under the laws of the State of North Dakota | nd/or Co-Applicants) hereby applies for membership and agree | s to take the above service from West River Telecommunications coop., agrees to the rules, regulations, and rates of the telephone company as pany. |
| The applicant will grant the telephone company a right upon all streets, roads, or highways abutting said land | nt-of-way contract or easement to construct, operate, and main I. | tain a line or system above or under the land owned by applicant and in o |
| The applicant will comply with and be bound by the p adopted. | provisions of the Articles of Incorporation and by-laws of the Coo | operative and such rules and regulations as may from time to time be |
| Applicant's Signature: | | Date: |
| Co-Applicant's Signature: | | Date: |
| Name Change Only: | | |
| Previous Owner's Name: | | |
| Signature: | | Date: |
| | | CSR Initials |
| or Office Use Only: | | |
| Telephone No. | | S.C.C |
| Service Order No. | Account No. | Adv. Pymnt |
| Member No | Customer No. | Crd. Deposit |
| Uncollectable Amount: Yes [| Total | |
| Telephone #: | | |
| Approved | | |

Miscellaneous Notes: