MUD LAKE TELEPHONE COOPERATIVE APPLICATION FOR MEMBERSHIP and SERVICES

Cooperatives are member-owned, member-governed businesses that operate for the benefit of their members according to common principles agreed upon by the international cooperative community and directed by a Member-elected Board of Directors. As a Member of Mud Lake Telephone Cooperative you have rights, responsibilities and benefits. (See "Bylaws".) If you would like to become a Member, and if your place of residence is in one of these zip codes – 83423, 83425, 83446, 83450 – you are eligible for Membership (one membership per each 911 address). Please complete and submit this form to Mud Lake Telephone Cooperative: By mail: PO Box 235, Dubois, ID 83423; Inperson: 59 W. Main (directly across the street from the U.S. Post Office), Dubois; or by email, MLTCooperative@mudlake.us.

If your residence is not in one of the referenced zip codes, membership is not allowed per Mud Lake Telephone Cooperative By-Laws. However, we would be pleased to provide you with services if you reside in our service area. Please complete an Application for Customer Account and Service(s).

MEMBERSHIP/CUSTOMER INFORMATION

Membership Informat			
	onsibilities of Membership: S	ee "By-laws".	
Fees: One-time Member			
Please check one: 니Y	es, I would like to become	e a member No, I do not want	membership at this time
For Sole Membership	OR customer account, ple	ase complete the following:	
Individual and/or Busines	ss name:		
Business license number	if applicable:	Tax ID number if applicab	le:
Physical Address of Resid	lence or Business (911 Addre	ess):	
Street Address Do you own or rent your	City residence?OwnRen	State t (Name & Phone No. of owner)	Zip code
Mailing Address if differe	nt than Physical Address (for	billing & communication purposes):	
РО Вох	City	State	Zip code
Date of Birth	S	ocial Security Number	
State issued personal ID	number (attach photocopy)	ocial Security Namber	
Mobile and/or Business F	Phone Number(s)		
		<u>) at the same physical address, p</u>	lease provide the
following information	for spouse:		
Spouse's Name			
Date of Birth	S	ocial Security Number	
State issued personal ID	number (attach photocopy)_		

Email Address

Mobile Phone Number

Capital Credits Beneficiary Designation for Members:

Membership Fee (\$50) billed on _

Member Number

Membership Approved by Board of Directors on (date)

Certificate Number

You may name a beneficiary to receive your capital credits upon your death. If you complete the following, we will keep the information on file. Upon your death (if sole membership), the beneficiary you have named on the form may claim the capital credits in your account. Having this information on file with Mud Lake Telephone Cooperative will simplify the process of claiming capital credits for your loved ones during a sad and stressful time. By naming your beneficiary, capital credit funds will not be tied up with your estate; they will be paid directly to your beneficiary.

Please provide the requested information and make a copy of the information and include it with your important papers. For more information and to decide whether or not to designate a beneficiary, please consult legal counsel.

To more information and to decide with	ether of flot to designate a benef	icially, please consult legal counsel.
Primary Beneficiary:		
*Beneficiaries must be a person over th	e age of 18 as of today's date.	
*Beneficiaries may not be a business, tr		ation.
•		
Name (first, middle initial, last)		Social Security #
Phone Number	Date of Birth	Social Security #
Mailing Address		
E-mail Address		
Secondary Beneficiary:		
*We recommend that you designate a p	rimary and a secondary beneficia	arv(ies).
		distribute capital credit funds per Idaho estate
aw.	, ,	The same of the same same of the same of t
Secondary Beneficiary (the secondary be	eneficiary will only receive funds	if the primary beneficiary named is deceased.)
Name (first, middle initial, last)	,	wave primary beneficially mainled to deceasedly
Phone Number	Date of Birth	Social Security #
Mailing Address		
E-mail Address		
Agreement and Signatures:		
I have read the "By-laws" and agree to	abide by the By-laws and all Mer	mber and Customer Policies. By my signature, I
certify the information I have provided f	or membership is accurate:	
•		
Applicant's Signature		Date
-		
Spouse's Signature (if joint membership	account)	Date
	•	
OFFICE LICE ONLY MEMBERCUTE		

(date); paid on

Date Completed

Account Number_

(date)

CSR initials

CUSTOMER ACCOUNT

Account Information:

My Account Information is the same as my Membership/Customer Information unless written differently in the Services sections below.

I understand I will be billed for services provided to me at the fees listed (or as updated from time-to-time with Board of Directors approval.) I will pay for services per the terms indicated on each bill/statement. We accept most credit cards, checks or cash as method of payment. We do not accept American Express. You may submit credit card payment on-line or by calling our office.

Other individuals (Authorized Users) I would like to have access to my Customer Account information:

Name of Individual	Phone Number of Individual	Relationship to me

My preferred payment Method (circle one):

Method	Banking Institution or Credit Card Issuer
Credit Card	
Check	
Cash	N/A

OFFICE USE ONLY – CUSTO	MER ACCOUNT:		
Customer Number	Date Completed	CSR initials	

SERVICES

I request the following services be installed/provided at the address listed on the prior page.

INTERNET SERVICE (ISP) through Idaho Internet (must reside in ISP service area):

Services: Provision of internet connection.

Account Number

Fees: One-time Initial Installation Fee of \$50.00

Monthly Recurring Fee is based on service level selected (not all speeds are available in all areas).

Service Level	Download	Upload	Monthly Price
Basic	Up to 10.0 M	Up to 1.0 M	\$34.90
Level 1	Up to 15.0 M	Up to 3.0 M	\$44.90
Level 2	Up to 25.0 M	Up to 3.0 M	\$64.90
Level 3	Up to 25.0 M	Up to 25.0 M	\$84.90
Level 4	Up to 50.0 M	Up to 25.0 M	\$94.90
Level 5	Up to 100.0 M	Up to 50.0 M	\$104.90

Date Completed

I select (write in level):	
Customer signature	Date
OFFICE USE ONLY - INTERNET SERVICE:	

	NE SERVICE (la: e Service area):	nd line & phone number)	through Mud Lake Tele	phone (mus	t reside in
		ne connection and phone n	umber. (Does not include lo	ona distance s	ervices.)
		lation Fee = \$50.00		g	,
Monthly Re	<u>curring fee</u> = \$30	.25			
I select tele	phone service an	d understand my phone nu	mber will be listed in the Co	operative's te	lephone directory.
Please chec	k one: Yes	No			
Customer s	ignature		Date		
		PHONE SERVICE:		<u> </u>	
Account Nu	mberP	hone Number Assigned	Date Completed	CSR:	· · · · · · · · · · · · · · · · · · ·
PROPANE area):	SERVICE (deliv	ery and tanks) through	High Plains Propane (mu	ıst reside in	Propane service
tank(s) on o quantity dis <u>Will-Call Se</u> delivery fee gallon (price	our regular routes spensed at the cu rvice & Fees: If y or general delive e may change qu	e may utilize monitors to tra s to ensure you have propar rrent price per gallon (price you would like fuel delivered ery fee). You will be billed marterly) and you will be bille	ne available for use. You we may change quarterly). It only when you call for fuel tonthly for the quantity dispend any associated delivery for the delivery fo	ill be billed mo l, a delivery fe pensed at the	e applies (emergency
I select (wr	ite in service type	2):			
of Mud Lake and remove fees are bill	e Telephone Coor e the tank from the led annually and a	ovide a storage tank(s) and perative. If you terminate A me premises, and you will be are based on the size of the ner propane delivery service	uto-Fill Service or Will-Call billed for the disconnect ar storage tank. Tank rental f	Service with under removal. Sees are non-re	s, we will disconnect storage tank rental
The following	ng tanks (Coopera	ative-owned and/or Custom	er-owned) are located on m	ny property at	address(es) written
below. I au	ithorize Mud Lake	e Telephone Cooperative/High	gh Plains Propane staff men	nbers to be or	n my property to
maintain an	nd/or fill tanks. I	will ensure access to the ta	nk(s) is unobstructed and s	afe for drivers	and technicians
Tank Size	Serial Number	Tank Address	Annual Price (N/A if customer-owned)		
			· castollici ownea)		
Customer si	ignature		Date		
	_	PANE SERVICE:			
<u> Account Nu</u>	mber	Date Completed	CSR		

HVAC SERVICES through Heart HVAC (must reside in HVAC service area):
Services: Mud Lake Telephone Cooperative employs Journeyman or Master Journeyman only. We provide high-
quality services at Cooperative-based prices.
Fees:
Bid for Installation of Equipment or Repair of Equipment: Free to Members. (Non-members pay a nominal fee based
on travel distance).
HVAC Equipment: Fees based on equipment selected and purchase date.
Repairs: Fees based on services provided.
Routine Maintenance: Fees based on services provided.
Customer signature Date
Customer signature

CSR

OTHER SERVICES WE PROVIDE:

Account Number

Excavation Services Information Technology Support Services Phone Systems Support Services

OFFICE USE ONLY - HVAC SERVICES

Date Completed

Call us (208-374-5401), e-mail us (<u>MLTCooperative@mudlake.us</u>), stop by (59 West Main Street, Dubois, ID) or visit our website www.mudlake.us for more information.

MUD LAKE TELEPHONE COOPERATIVE ACCOUNT AND PAYMENT POLICY

(Please review and sign)

- A Reminder notice is sent out to delinquent accounts within a few days after billing, which is the 20th of every month.
- A Final notice is sent out to delinquent accounts within a few days after billing, which is the 20th of every month. Final
 notices are sent out when there is still a past due balance on an account after 120 days. Final notices include a date
 and time when the service will be disconnected.
- If a service is disconnected, it cannot be reconnected until the past due balance is paid in full. After a disconnect, past due balances must be paid with cash or credit card. No checks will be accepted as payment for past due balances after a disconnect. No new services can be connected on a customer account with a past due balance until the past due balance is paid in full. No new services w/in the same family can be connected on a customer account until the past due balance is paid in full.
- A \$25 reconnect fee will be charged for every disconnected account.

CONDITIONS

- Late fees of up to \$5 per \$100 of the outstanding balance that is 60 days or more past due may be assessed every month until the balance due is paid in full.
- If a customer's phone service is disconnected, they will still be able to call 911 or our business office only.
- Any individual or business entity associated with an account that has a past due balance shall not be able to open a new account until payment is made in full on the past due balance and the existing account is disconnected.
- Level (budget) pay services are available to qualifying customers of propane services. Customer Service will work with these customers to establish a realistic amount based on past usage. (see Mud Lake Telephone Cooperative Budget Pay Policies and Procedures For Propane).
- State or government assistance may also be available to those customers who qualify.
- We will accept payment arrangements in many circumstances. A PTP (Promise To Pay) agreement will be established, which will include current monthly services plus an additional amount which should be sufficient enough to pay off the customer's past due balance within 3-6 months. For example, if a customer has a past due balance of \$500, the PTP agreement will include payment for monthly services, plus an additional \$83/month. (\$83.33x6=\$500). If a customer defaults on their PTP agreement, services will be disconnected after 120 days past due as outlined above. If customer defaults on a PTP agreement, they are not eligible to establish another PTP agreement for six months.
- Propane services will not be shut off to any customer during the months of Dec.-March. If propane service has been disconnected BEFORE December, it will not be reconnected until the past due balance on that account has been paid in full.

CUSTOMER NAME
CUSTOMER SIGNATURE
DATE

I HAVE READ THE AFOREMENTIONED ACCOUNT AND PAYMENT POLICY AND AGREE TO ITS TERMS AND

Revision 7-18-24

The terms, policies & procedures outlined in this document have been approved by Mud Lake Telephone Cooperative Board of Directors.