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Website: www.trico.coop

Member #

Processed by:

Date:

*For Office Use Only*

### ADD JOINT MEMBER TO EXISTING MEMBERSHIP

#### CURRENT NAME ON MEMBERSHIP

Name

#### MEMBERSHIP LIABILITY AND MEMBERSHIP EQUITY ENTITLEMENT

I \_\_\_\_\_ request to be added as a Joint Member to this Membership in Trico Electric Cooperative (Trico). By signing this form, I accept liability for amounts owed on any and all accounts associated with the above Membership as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I acknowledge that any future charges billed to this Membership will be the joint and several responsibility of all individuals listed as Joint Members. I grant Trico permission to contact me via letter, phone, text message, or email in the event of an emergency, to attempt to collect a debt, for informational purposes, or for any other business reason.

\_\_\_\_\_  
Signature of Joining Member

\_\_\_\_\_  
Date

#### PERSON REQUESTING TO BE ADDED AS JOINT MEMBER (MUST BE COMPLETED IN ITS ENTIRETY)

Name \_\_\_\_\_  
Social Security or DL # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### ACKNOWLEDGEMENT OF EXISTING MEMBER

I understand that by requesting \_\_\_\_\_ be added as a Joint Member to my existing Membership, I relinquish 50% of my rights to all refunds, deposits, patronage capital, or Membership Equity, including accrued interest (collectively "Credits") now on file for this Membership. I further acknowledge that all credits accrued from this day forward shall be equally owned by all Joint Members of this Membership, and, in the event of the dissolution of this Joint Membership, any credits on file will be equally divided among all Joint Members on Record

Printed Name of Existing Member \_\_\_\_\_

Signature of Existing Member \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
(Signer #1)

\_\_\_\_\_  
(Signer #2)

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
Notary Public

*Trico MS Dept Use Only*

Received Date

Existing Customer #

UA/AR Balance

Received By

New Customer Number

*Trico ME Dept Use Only*

ME on file (before)

Joint ME on file (after)

To Customer ME on file (after)