

## Refer A Friend

### Referring A Friend Is Quick & Easy

Do you know someone who would enjoy the benefits and savings of natural gas? Refer your friend to **Your Natural Gas Cooperative** today and receive a **\$100 credit** for each referral that signs up for service and sets a new meter by December 31 of the current year. Meter **MUST** be set by January 30 of the following year in order to receive credit for the referral.

### To Qualify You Must Be...

1. A current member of a Utility Pipeline managed cooperative.
2. Account balance **MUST** be in good standing.
3. Natural gas infrastructure must currently be installed on your road or in your area.

### How To Refer A Friend For Service

#### Online:

1. Print out the Refer A Friend application below.
2. Have your referral fill out the application with your name and service address at the bottom of the application.
3. Send in the application to P.O. Box 35519 Canton, Ohio 44735.

#### By Phone:

1. Call our Customer Service center at **1-888-863-0032** and have a representative send you a Refer A Friend application.
2. Have your referral fill out the application with your name and service address at the bottom of the application.
3. Send the application to P.O. Box 35519 Canton, Ohio 44735.

Once the referred customer sets their new meter, Customer Service will apply a **\$100 credit** to your existing natural gas account for referring them to our natural gas service. The meter **MUST** be set by January 30 of the following year to receive the **\$100 credit** on your gas bill.



# COOPERATIVE MEMBERSHIP APPLICATION

NON PROFIT - MEMBER OWNED  
CALL TOLL FREE 1-888-863-0032 Fax (330) 498-9137

**PO BOX 35519  
CANTON, OHIO 44735**

## “NATURAL GAS”

## DOMESTIC ENERGY – MADE IN AMERICA

## AMERICA’S BEST ENERGY VALUE!

Detach bottom portion and mail

### MEMBERSHIP APPLICATION AND AGREEMENT

THIS AGREEMENT is entered into as of the date set forth below by and between the Cooperative, a nonprofit corporation (“Coop”) and applicant(s) whose signature & mailing address is set forth below (“Member”):

WHEREAS, Coop has been created for the purpose of obtaining and providing natural gas service to its members as a natural gas cooperative, and:

1. The undersigned desires to become a member / owner of the Coop. Membership shall be in accordance with the terms and conditions of the Articles of Incorporation, Code of Regulations and the Rules & Regulations, and other policies adopted from time to time by the Board of Trustees of the Coop.
2. Member understands that certain charges are required to provide natural gas service and member agrees to pay the following: (a) member agrees to pay a one-time tie-in fee at the published rate. (b) Member agrees to pay a one-time membership fee of \$ 25.00 (c) Member agrees to pay a monthly service charge and the rates for natural gas as established by the Board of Trustees from time to time. (d) **Monthly service charges shall begin when the meter is set or 12 months after member is tapped into main, whichever is sooner.**
3. This Agreement shall not be binding upon either party until it is signed by an authorized representative of the Coop.

#### CHECK ONE:

OWNER

RENTER / LESSEE

Residential Single Family

Residential Multi – Family - # of units \_\_\_\_\_

#### CHECK ONE:

Commercial / Industrial

Vacant Lot (Not Eligible for membership)

X \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANTS SIGNATURE

Billing Address: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

X \_\_\_\_\_  
PLEASE PRINT CLEARLY

Service Address: \_\_\_\_\_ Phone \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANTS SIGNATURE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

X \_\_\_\_\_  
PLEASE PRINT CLEARLY

**Cooperative Association**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Refer By: \_\_\_\_\_

Referral’s Address: \_\_\_\_\_