SENIOR CITIZEN DISCOUNT APPLICATION

l.			, living at
(Last Name)	(First Name)	(Middle Initial)	
	2)	Street Address)	
(City)	(State)	(Zip)	
In Carroll EMC.	County, Georgia,	apply for the Senior Citiz	en Discount offered by
Carroll EMC elect monthly charge. T	ric bill; however, this	ount allows me \$2.50 per discount does not exempt ally for the Member's prince	me from the minimum
I state under oath t Citizen Discount F		ng qualifications for partic	eipation in the Senior
	sixty-two (62) years oric service account is in	or older. In my name for the above a	address.
The applicant agre	es to notify Carroll EN	mation provided in this do IC immediately of any chole for the Senior Citizen I	ange that would make the
Member S	ignature		

Member Account Number