

Residential Membership Selection Form

As a member of the Golden West Telecommunications Cooperative, you have the option of listing/maintaining your account as an individual or joint membership. There are several factors that you need to take into consideration when selecting an individual or joint membership. Please review the information below. If you would like to change your current membership status, complete the form below and return it to a Golden West business office. If you have any questions about your current membership or about completing the membership selection form, please give us a call. To speak with a Golden West member service representative, **call 1-855-888-7777, option 3.**

JOINT MEMBERSHIP:

1. Either of the members, but not both, may vote at annual or special member meetings.
2. Either of the members, but not both, may sign the petition of someone running for the board of directors.
3. Either of the members, but not both, may serve on the board of directors, provided they meet the qualification for such office.
4. Upon the death of one member, the membership may continue without proper legal documentation.

INDIVIDUAL MEMBERSHIP

1. The member may vote at annual or special meetings of the members.
2. The member may sign the petition of someone running for the board of directors.
3. The member may serve on the board of directors, provided they meet the qualifications for such office.
4. Upon the death of the member, the membership may continue only if proper legal documentation is provided for the surviving spouse.

If you wish to change your current membership, from individual to joint, please complete all of the information and return to Golden West.

JOINT MEMBERSHIP *Please Print*

I, _____, would like my individual membership with Golden West Telecommunications Cooperative, Inc., converted to a joint membership with: _____, effective from the original connection date of the account.

Phone# (____) _____ Phone# (____) _____

Please include all phone numbers associated with this member number that you want changed to joint membership.

Member # _____

Member Signature: _____ Social Security #: _____

Member Signature: _____ Social Security #: _____

Witness Signature: _____ Witness Printed Name: _____

Date: _____ *Member and witness signatures are required.*