



BUSINESS DESIGNEES

Office Use Only	
Member #	_____
Name	_____

Business Name _____

Primary Contact Phone No. _____
(for account related inquiries) Cell Land

Please list the individuals within your organization authorized to conduct business on behalf of the membership.

Name _____ Position/Title _____

Phone _____ Email _____

Name _____ Position/Title _____

Phone _____ Email _____

Name _____ Position/Title _____

Phone _____ Email _____

Name _____ Position/Title _____

Phone _____ Email _____

Name _____ Position/Title _____

Phone _____ Email _____

By my signature below, I represent and warrant to Golden Valley Electric Assoc., that I am authorized to sign this form on behalf of the member identified above and that the information provided herein is true and correct to the best of my knowledge.

Signature _____ Printed name _____

Position/Title _____ Date _____

GOLDEN VALLEY ELECTRIC ASSOCIATION

“Owned by those we serve”

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