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Enroll for Heating Oil or Switch Heating Oil Suppliers

Member Contact Information

Business/Organization Name (if applicable) _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Daytime Phone () - Evening Phone () -

Email _____

Preferred contact method: Mail Email ← By choosing to receive your service information, renewal notices, and newsletters by email, you help us reduce costs and paper usage. We do not share email addresses with others.

Heating Oil Supplier Selection and Service Details

NOTE: Not all suppliers offer all delivery, service, pricing and payment options – please review your supplier’s information carefully! Your preferences stated below are subject to availability and approval by supplier.

<p>Supplier (choose only one):</p> <p><input type="checkbox"/> Action Fuel Oil</p> <p><input type="checkbox"/> Cardinal USA Fuel Oil</p> <p><input type="checkbox"/> Chester County Fuel Oil</p> <p><input type="checkbox"/> Hanly Fuel Oil</p> <p><input type="checkbox"/> Inter-County Oil Services</p> <p><input type="checkbox"/> Nardello Fuel Oil</p> <p><input type="checkbox"/> Patriot Fuel Oil</p> <p><input type="checkbox"/> Rhoads Energy</p> <p><input type="checkbox"/> Superior Plus Energy Services</p> <p><input type="checkbox"/> Worley & Obetz</p>	<p>Bioheating Oil: <input type="checkbox"/> Yes (Available as an option through Rhoads and Hanly and automatically through Cardinal and Worley & Obetz)</p> <p> <input type="checkbox"/> No or Not Applicable</p> <hr/> <p>Pricing Plan: <input type="checkbox"/> Co-op Floating Daily Rate</p> <p> <input type="checkbox"/> Special or seasonal pricing plan</p> <hr/> <p>Delivery Type: <input type="checkbox"/> Automatic</p> <p> <input type="checkbox"/> Will-Call (minimum delivery requirements apply)</p> <hr/> <p>Service Contract: <input type="checkbox"/> Yes</p> <p> <input type="checkbox"/> No</p> <hr/> <p>Payment Method: <input type="checkbox"/> Cash On Delivery (COD)</p> <p> <input type="checkbox"/> Credit Card (may require credit check)</p> <p> <input type="checkbox"/> Standard Billing (may require credit check)</p> <p> <input type="checkbox"/> Electronic Fund Transfer (EFT)</p> <p> <input type="checkbox"/> LIHEAP</p>
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Service Address (if different than mailing address) _____

City _____ State _____ Zip Code _____ County _____

Location of the fill spout: _____

Tank Size: 275 550 1000 Other _____ Is Your Water Heated By Oil? Yes No

Anticipated date for first delivery: _____

Additional information which may be helpful for your new supplier to know: _____

Annual Membership Dues

Please select your membership type:

Class A: Organizations - \$30

Any cooperative organization, credit union, unincorporated association, community association or non-profit organization located within PA.

Class B: Households - \$15

Any residential household or residential consumer of energy in PA.

Class C: Businesses - \$30

Any businesses or for profit enterprises (including landlords) not in Class A, located within PA.

Supporting Memberships are available to individuals/households, organizations, or businesses that cannot use or no longer use the services provided by The Energy Cooperative, but would like to support our work. Supporting members are not eligible to vote or receive patronage rebates, but do receive additional member benefits.

Supporting Member: Organization/Business - \$30

Supporting Member: Household/Individual - \$15

Dues Waiver

Any member may request an annual dues waiver if they are in a low-income household (Class B members) or have a very small operating budget (Class A or C). No proof of income or operating budget is required and there are no specific limits. Please use your own discretion to determine whether you would like to request your dues be waived this year.

Check here to request a dues waiver for this year.

Contributions*

Help us continue offering dues waivers to members in need! Give an additional: \$15 \$30 \$60 Other _____

TOTAL AMOUNT ENCLOSED: \$ _____



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Make checks payable to **The Energy Cooperative**, include **Heating Oil** in the memo, and mail check and this form to: The Energy Cooperative, 1528 Walnut Street, Suite 2100, Philadelphia, PA 19102

* Please note, because we are a member-owned cooperative and not a 501(c)3, gifts made to The Energy Cooperative are not considered tax-deductible charitable contributions.

Tell Us What You Think!

My **primary** reason for being a member of The Energy Cooperative's heating oil program is:

- Cost savings on heating oil
- Access to bioheating oil
- Participation in the co-op movement
- To support a local nonprofit
- The Energy Cooperative has helped me with/do _____
- Someone recommended it to me
- Other: _____

If you're switching suppliers:

My **primary** reason for switching suppliers is:

- Lower price per gallon
- Lower price for service
- Preferred delivery or payment options
- Access to bioheating oil
- Someone recommended it to me
- Problems with previous supplier. Please explain: _____

- Other: _____

- I **would** recommend The Energy Cooperative to friends, family, colleagues, etc., because _____

- I **would not** recommend The Energy Cooperative to friends, family, colleagues, etc., because _____

Thank you for your membership in The Energy Cooperative!