

Heating Oil Enrollment Form



Save a stamp, time, and paper!

Complete this form online and pay
by VISA, MasterCard or Discover at

www.TheEnergy.Coop

PRIMARY MEMBER CONTACT INFORMATION

Company Name (if applicable)			
First Name		Last Name	
Mailing Address			
City	State	Zip Code	County
Daytime Phone () -		Evening Phone () -	
Email			
By choosing email as your preferred contact method, you help us reduce costs and paper usage. You can opt-out at any time and we do not share email addresses with others. Preferred contact method: <input type="checkbox"/> Mail <input type="checkbox"/> Email			

MEMBERSHIP DUES

Please select your membership type and dues amount:

<input type="checkbox"/> Households Any residential household or residential consumer of energy in the Commonwealth of Pennsylvania.	<input type="checkbox"/> \$15 <input type="checkbox"/> Dues Waiver*
<input type="checkbox"/> Organizations Any cooperative organization, credit union, unincorporated association, community association or non-profit organization located within the Commonwealth of Pennsylvania.	<input type="checkbox"/> \$30 <input type="checkbox"/> Dues Waiver*
<input type="checkbox"/> Businesses/Landlords Any businesses or for profit enterprises (including landlords), located within PA.	<input type="checkbox"/> \$30 <input type="checkbox"/> Dues Waiver*
* Any member in a low-income household or with a very small operating budget may request an annual dues waiver. 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.	

CONTRIBUTIONS**

Help us continue offering dues waivers to members in need! Give an additional:	<input type="checkbox"/> \$15 <input type="checkbox"/> \$30 <input type="checkbox"/> \$60 <input type="checkbox"/> Other _____
** Please note, because we are a member-owned cooperative and not a 501(c)3, gifts made to The Energy Cooperative are <u>not</u> considered tax-deductible charitable contributions.	

PAYMENT

Make checks payable to The Energy Cooperative . Mail check and completed form to: The Energy Cooperative 1528 Walnut Street, Suite 2100 Philadelphia, PA 19102	Membership Dues	\$
	Contributions	\$
	Total Amount Enclosed	\$

Provide supplier details on reverse

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BIOHEATING AND 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.

*Required

<p>*1. Choose Your Supplier:</p> <p><input type="checkbox"/> Action Fuel Oil</p> <p><input type="checkbox"/> Cardinal USA Fuel Oil (B5)</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 Fuels</p> <p><input type="checkbox"/> Patriot Fuel Oil (B2)</p> <p><input type="checkbox"/> Rhoads Energy (B5)</p> <p><input type="checkbox"/> Superior Plus Energy Services</p> <p><input type="checkbox"/> Worley & Obetz (B20)</p> <p>Note: Suppliers with B2, B5 or B20 next to their names deliver bioheating oil. Blends are designated ‘BXX’, where XX is the percentage of biodiesel blended with conventional heating oil. This type of fuel decreases unhealthy air emissions, can be used in anyone’s tank and is American made.</p>	<p>2. Delivery Type:</p> <p><input type="checkbox"/> Automatic</p> <p><input type="checkbox"/> Will-Call (minimum delivery requirements apply)</p> <p>3. Service Contract:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>*4. Is Your Water Heated By Oil?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>*5. Tank Location:</p> <p><input type="checkbox"/> Underground</p> <p><input type="checkbox"/> Basement</p> <p><input type="checkbox"/> Outside</p> <p>*6. Tank Size:</p> <p><input type="checkbox"/> 275</p> <p><input type="checkbox"/> 550</p> <p><input type="checkbox"/> 1000</p> <p><input type="checkbox"/> Other</p>		
<p>*7. Location of the fill spout:</p>			
<p>8. Anticipated date of first delivery:</p>			
<p>9. Service Address: (if different than mailing address)</p>			
City	State: PA	Zip Code	County
<p>10. Additional information which may be helpful for your new supplier to know:</p>			

TELL US MORE!

<p>My reason for membership in the heating oil program is:</p> <p><input type="checkbox"/> Cost savings on heating oil</p> <p><input type="checkbox"/> Access to bioheating oil</p> <p><input type="checkbox"/> Participation in the co-op movement</p>	<p>I heard about The Energy Cooperative through:</p> <p><input type="checkbox"/> Internet Search</p> <p><input type="checkbox"/> Weaver’s Way</p> <p><input type="checkbox"/> Radio Ad</p> <p><input type="checkbox"/> Friend or Relative</p> <p>Name:</p> <p><input type="checkbox"/> Flyer/Brochure</p> <p><input type="checkbox"/> Newspaper Ad</p> <p><input type="checkbox"/> Internet Ad</p> <p><input type="checkbox"/> News Article</p> <p><input type="checkbox"/> Other:</p>	
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Thank you for your membership in The Energy Cooperative!