



Your Cooperative. All the Time.

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**West Wisconsin Telcom Cooperative, Inc.  
 Membership Application**

Date \_\_\_\_\_  
 Member \_\_\_\_\_  
 Account \_\_\_\_\_  
 Telephone \_\_\_\_\_

**CUSTOMER INFORMATION**

*Knowingly providing incorrect information can result in immediate termination of service.*

Full Name \_\_\_\_\_ Joint Applicant's Full Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Joint Social Security Number \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ Joint Driver's License Number \_\_\_\_\_  
 Phone Service Address \_\_\_\_\_ Authorized User(s) (Able to inquire and make changes to account) \_\_\_\_\_  
 Apt No \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Residence is:  Customer Owned  Rental  New Construction  Mobile Home  Seasonal  
 Current Employer's Name \_\_\_\_\_ Address for E-Bill Notification \_\_\_\_\_  
 Employer's Telephone Number \_\_\_\_\_  
*Please list the last person at this location or, if this is a new construction, the nearest neighbor who has telephone service:*

Full Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**BILLING INFORMATION (if different from above)**

Same  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECURITY QUESTION**

*Please choose one security question that will be used to determine authorized people on this account.*

- What is your favorite pet's name? \_\_\_\_\_
- What is your favorite color? \_\_\_\_\_
- Keyword for Account Security? \_\_\_\_\_

**DIRECTORY LISTING (as it should appear in the directory)**

Name \_\_\_\_\_ Address \_\_\_\_\_  Omit Address from Directory  
 Additional Listing (\$1.50/month) \_\_\_\_\_

**DIRECTORY INFORMATION**

| 1st Line  | 2nd Line  | Description   |
|---|---|---|
| <input type="checkbox"/> Published              | <input type="checkbox"/> Published              | No monthly charge for 1st line listing, \$1.50/month for each additional listing        |
| <input type="checkbox"/> Un-Listed/Un-Published | <input type="checkbox"/> Un-Listed/Un-Published | Number is not in Directory or given out through Directory Assistance - \$2.00 per month |

## TELEPHONE SERVICE DETAILS

Will Someone be at this residence on this date?  Yes  No  
 Date you want phone service \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact's Daytime Phone Number \_\_\_\_\_  
 Will jacks and/or wiring be needed at this location?  Yes  No  
 Number of Jacks needed \_\_\_\_\_ (labor rates will apply)

## CALLING FEATURES & PACKAGE PLANS

| 1st Line                         | 2nd Line                         | Package Plans  |                                 |                                 |   |
|----------------------------------|----------------------------------|--|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> \$15.95 | <input type="checkbox"/> \$15.95 | Basic Connection: Includes Your Basic Residential Telephone Line                             |                                 |                                 |   |
| <input type="checkbox"/> \$19.95 | <input type="checkbox"/> \$19.95 | Clear Choice: Includes Basic Connection, Choice of 1 Calling Feature & 1 Specialty Feature   |                                 |                                 |   |
| <input type="checkbox"/> \$22.95 | <input type="checkbox"/> \$22.95 | Total Choice: Includes Basic Connection, Choice of 2 Calling Features & 2 Specialty Features |                                 |                                 |   |
| 1st Line                         | 2nd Line                         | Calling Features   | 1st Line                        | 2nd Line                        | Specialty Features  |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Call Waiting   | <input type="checkbox"/> \$2.00 | <input type="checkbox"/> \$2.00 | Caller ID Number Display  |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Cancel Call Waiting  | <input type="checkbox"/> \$4.00 | <input type="checkbox"/> \$4.00 | Caller ID Name/Number Display                                       |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Three Way Calling  | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Selective Call Forwarding   |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Caller ID Call Waiting (Must have Caller ID & Call Waiting)                                  | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Selective Call Acceptance   |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Call Forwarding  | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Selective Call Rejection  |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Call Forward Busy  | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Selective Distinctive Ringing                                       |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Call Forward Don't Answer  | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Call Transfer   |
| <input type="checkbox"/> \$0.75  | <input type="checkbox"/> \$0.75  | Call Forward Remote Access   | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Automatic Callback (*66)  |
| <input type="checkbox"/> \$1.00  | <input type="checkbox"/> \$1.00  | Speed Call 8   | <input type="checkbox"/> \$3.00 | <input type="checkbox"/> \$3.00 | Automatic Recall (*69)  |
| <input type="checkbox"/> \$2.00  | <input type="checkbox"/> \$2.00  | Speed Call 30  |                                 |                                 |   |
| <input type="checkbox"/> \$2.50  | <input type="checkbox"/> \$2.50  | Teen Line  | <input type="checkbox"/> \$4.95 | <input type="checkbox"/> \$4.95 | Voice Mail (Includes Stutter Dial-tone & Call Forward Don't Answer) |

Would you like Wire Maintenance on your telephone line(s): (\$.50 a month for each line)  Yes  No

## LONG DISTANCE OPTIONS

**Please contact the Long Distance carrier you have chosen to set up your new billing account. You must choose a Long Distance carrier or you will not be able to place long distance calls.**

InterLata Carrier \_\_\_\_\_ Intralata Carrier \_\_\_\_\_  
 Toll Blocking (free of charge):  900 Numbers  Collect Calls  Third Number  
 Do you want a Long Distance Freeze on your line? (free of charge)\*:  Yes  No  
*\*A Long Distance freeze prevents your long distance from being changed without your handwritten permission to our office*

## PLEASE READ THE FOLLOWING & SIGN AT THE BOTTOM

The undersigned, hereinafter called the "Applicant", hereby applies for membership in West Wisconsin Telcom Cooperative, Inc., a corporation duly organized and existing under and by virtue of the laws of the State of Wisconsin, hereinafter called the "Cooperative", for the purpose of having furnished to said "Applicant" Telecommunication services upon the following terms and conditions:

The "Applicant" will take from the "Cooperative" Telecommunication services when available and will pay monthly rentals to the "Cooperative" in accordance with the rate schedules and rules and regulations established by the "Cooperative" in accordance with the directives of the United States of America and the State of Wisconsin and their regulatory bodies.

The "Applicant" hereby grants to the "Cooperative", a right-of-way easement to construct, operate and maintain a Telecommunications line or system on "Applicants" premises and in or upon all streets, roads or highways abutting said premises, and also such service lines that are necessary, and also the right to cut or trim trees and to bury cable necessary to the efficient operation of said system. The "Applicant" will comply with and be bound by the provisions of the by-laws, rules and regulations of this Cooperative and such amendments as may from time to time be adopted. The "Cooperative" reserves the right to check credit references or credit agencies for reports.

Signature of Applicant (Husband & Wife must both sign if joint application) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** Credit Rating: \_\_\_\_\_  
 Amount of Deposit: \_\_\_\_\_ Amount of Advance Payment: \_\_\_\_\_  
 Please remit this amount with application: \_\_\_\_\_  Check  Cash