

ANCHORAGE OFFICE
 4300 B Street, Suite 501
 Anchorage, Alaska 99503
 1-800-478-6409
 Fax: 907-563-3394



www.astac.net ▪ info@astac.net

UTQIAGVIK OFFICE
 1078 Kiogak Street
 Utqiagvik, Alaska 99723
 907-852-7100
 Fax: 907-852-0006

RESIDENTIAL APPLICATION – ADD JOINT SUBSCRIBER

Existing Applicant Name: _____ Contact Phone # _____
 SSN _____ Birth Date _____ Drivers License # & State _____

Joint Applicant Name: _____ Contact Phone # _____
 SSN _____ Birth Date _____ Drivers License # & State _____

Billing Address _____ / _____ / _____
 (PO Box only for North Slope) (City) (State) (Zip Code)

Email Address _____

Account or Customer # _____
 (Existing ASTAC Account # or Customer #)



Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?

If yes, please explain: _____

DIRECTORY

Choose *ONE* of the following options and print your name as you would like it to appear in the directory.

_____ / _____ / _____ / _____
 (Last Name) (First Name) (Middle Initial) (Prefix)

- LISTED (In the phone directory, listed with the operator) **No Charge**
- NONLISTED (Not in the phone directory, but listed with the operator) **\$1.15 per month**
- NONPUBLISHED (Not in the phone directory, not listed with the operator) **\$1.15 per month**

CPNI VERIFICATION PASSWORDS

You will be required to use these password(s) for any account access or related services with ASTAC via phone, in-person or on the web.

_____ / _____
Question: who is your favorite singer? Passphrase (any combination of letters and/or numbers)

PLEASE READ ALL TERMS AND CONDITIONS BEFORE SIGNING

By signing this agreement, customers authorize ASTAC to perform credit checks to obtain information. Customers further acknowledge having read and understood the terms on the reverse side and agrees to be bound hereby.

Existing Applicant _____ Date _____ Printed Name _____
 Signature Existing Applicant

Joint Applicant _____ Date _____ Printed Name _____
 Signature Joint Applicant

| |
|---|
| For Office Use Only Date Received _____ Date Completed _____ Deposit Required _____ CSR Initials _____ |
|---|

RESIDENTIAL APPLICATION FOR TELEPHONE SERVICE

Article I Section 2 of the Cooperative's bylaws provides:

SECTION 2. Joint Membership.

(a) A husband and wife, or any two persons who occupy the same household, may apply for a joint membership and, subject to their compliance with the requirements set forth in Section 1 of this Article, may be accepted for such membership. The term "member" as used in these bylaws shall be deemed to include a husband and wife or any two persons who occupy the same household holding a joint membership, and any provisions relating to the rights and liabilities of membership shall apply equally with respect to the holders of a joint membership. Each joint member shall be jointly and severally bound by the Articles of Incorporation, bylaws, rules, regulations and tariff of the Cooperative, as such may be amended from time to time. Without limiting the generality of the foregoing, the effect of the following specified actions by or in respect of the holders of a joint membership shall be as follows:

- i. the presence at a meeting of either or both shall be regarded as the presence of one member and shall constitute a joint waiver of notice of the meeting;
- ii. the vote of either separately or both jointly shall constitute one joint vote;
- iii. a waiver of notice signed by either or both shall constitute a joint waiver;
- iv. notice to either shall constitute notice to both;
- v. expulsion of either shall terminate the joint membership;
- vi. withdrawal of either shall terminate the joint membership;
- vii. either but not both may be elected or appointed as an officer or director, provided that both meet the qualifications for such office.

By signing this Application, both the original subscriber and the joint membership applicant certify to the Cooperative that they qualify for a joint membership under the bylaws, and agree to be jointly and severally liable for all charges that accrue for services rendered after the date of this application.

SERVICE AGREEMENT

The applicants certify that they are the owners/lessees/tenants of the premises where service is applied for with the lawful authority to sign this application for telephone service and agree to pay the applicable rates and abide by all conditions as prescribed by the Arctic Slope Telephone Association Cooperative, Inc. Tariff for all present and future telephone service. Acceptance of this application by Arctic Slope Telephone Association Cooperative, Inc. constitutes a contract between Arctic Slope Telephone Association Cooperative, Inc. and the applicants. All costs incurred by Arctic Slope Telephone Association Cooperative, Inc. for the collection of any unpaid accounts shall be paid by the applicants. All terms and conditions of the agreement with the original subscriber are incorporated herein by this reference.

We hereby declare that the information provided is true, accurate, and complete to the best of our knowledge and belief, and is voluntarily submitted for the use of receiving telephone service. It is understood that upon presentation, this application becomes the property of Arctic Slope Telephone Association Cooperative, Inc. We also certify that we are each eighteen (18) years of age or older.

The information furnished on this application will be used to determine if a deposit will be required for telephone service. Your signatures in the designated locations authorize Arctic Slope Telephone Association Cooperative, Inc. to conduct credit checks in order to determine possible deposit requirements. A photocopy of these signatures will be considered authorized signatures.

STATEMENT OF NONDISCRIMINATION

Arctic Slope Telephone Association Cooperative, Inc. is the recipient of Federal financial assistance from the Rural Utilities Service (RUS), an agency of the U.S. Department of Agriculture, and is subject to the provisions of Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, as amended, and the rules and regulations of the U.S. Department of Agriculture which provide that no person in the United States on the basis of race, color, national origin, age, or handicap shall be excluded from participation in, admission to, denied the benefits of, or otherwise be subjected to discrimination under any of this organization's programs or activities.

The person responsible for the coordinating of the organization's nondiscrimination compliance efforts is the General Manager. Any individual, or specific class of individuals, who feels that this organization has subjected them to discrimination may obtain further information about the statutes and regulations listed above from and/or file a written complaint with this organization; or the Secretary, U.S. Department of Agriculture, Washington, D.C. 20250; or the Administrator, Rural Utilities Service, Washington, D.C. 20250. Complaints must be filed within 180 days after the alleged discrimination. Confidentiality will be maintained to the extent possible.