Yadkin Valley Telephone Membership Corporation

Application for Membership and Telephone Service

The Applicant, whose name appears below, hereby applies for membership in YADKIN VALLEY TELEPHONE MEMBERSHIP CORPORATION (hereafter called the "Cooperative"), upon the following terms and conditions:

1. The Applicant will pay a non-refundable membership fee of $10.00.

2. The Applicant will purchase telecommunication services from the Cooperative at rates set forth in the Cooperative's tariff.

3. All amounts paid by the Applicant in excess of the operation costs and expenses of the Cooperative, are furnished as capital, and Applicant shall be credited with the capital so furnished as provided by the Bylaws.

4. The Applicant will comply with and be bound by the provisions of the Articles of Incorporation and Bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Board of Directors.

5. The Applicant grants the Cooperative a right-of-way easement to construct, operate and maintain telecommunications facilities on the land of the Applicant to be served by the Cooperative.

6. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that Applicant's private property is exempt from execution for any such debts or liabilities.

7. THE APPLICANT AGREES TO BE RESPONSIBLE FOR ALL TELECOMMUNICATIONS SERVICE FURNISHED BY THE COOPERATIVE AND FOR ALL CALLS THAT ARE MADE FROM THE APPLICANT'S PREMISES OR CHARGED TO THE APPLICANT, REGARDLESS OF WHO MADE THE CALL.

Acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and Cooperative and shall continue in force from the date of acceptance until service is cancelled and all outstanding capital credits are paid.

Applicant's Name (Print) _____
First Middle Last

☐ Individual ☐ Corporation ☐ Partnership ☐ Association

Authorized Signature_____

Title (If Corporation, Partnership or Association) _____

Social Security Number or Tax ID Number _____

Membership No. _____ Date _____
(Do not write in this space)