

P.O. Box 600
Galway, NY 12074
Tel: (518) 882-5445



Web: www.Fuels4Less.com
Facebook: www.facebook.com/GalwayCoop
E-mail: info@galwayco-op.com

NEW MEMBER ENROLLMENT INFORMATION

Annual membership fee is \$35.00. If you are 65 or older, using propane solely for heating, or currently serving in the military using propane solely, the membership fee is waived. Members must provide proof of age or military service every year. Membership fee is non-refundable.

Please tell us about your fuel needs: **FUEL:** Propane Oil
USAGE: Full-time residence Seasonal residence (call-in basis /as needed only)
ACCOUNT: Residential Industrial/Commercial Agricultural Reseller

Is your need for fuel urgent? Yes No If "Yes": Which fuel(s) do you need now? Propane Oil

Please estimate how much fuel is needed (gallons): Propane: Oil: (Credit information may be required.)

MEMBERSHIP INFORMATION

Primary name on account: Date of Birth (mm/dd/yyyy):

Secondary name on account (if applicable):

Telephone: Home - Cell - Work - Ext:

Primary E-mail: Secondary E-mail:

Mailing Street Address:

City: State: Zip:

Delivery Street Address:

City: State: Zip: County:

PROPANE REQUEST INFORMATION

Number of Tanks at Location:

Existing Tank?: Yes No If "Yes," complete the following: Current Provider:

Tank Size (gallons): Current % Full: Approx. annual usage (gallons):

Customer-owned — OR — Leased Underground — OR — Above-ground

Please provide instructions for locating tank(s) on property (maximum 2 lines of text):

Propane Usage: Heat (primary approx. sq. ft.): Heat (secondary approx. sq. ft.): Hot Water
 Cooking Clothes Dryer Generator Fireplace Other:

OIL REQUEST INFORMATION

Number of Tanks at Location:

Existing Tank?: Yes No If "Yes," complete the following: Current Provider:

Tank Size (gallons): Current % Full: Approx. annual usage (gallons):

Customer-owned* — OR — Leased Indoor — OR — Outdoor

**If you answered Customer Owned to the Propane tank ownership you hereby represent you are the owner of the propane tank located at the address indicated above and authorize Ferrellgas to fill and service the tank.*

Please provide instructions for locating outdoor tank(s) and/or fill valve(s) for indoor tank(s) (max 2 lines of text):

Oil Usage: Heat (primary; approx. sq. ft.): Heat (secondary; approx. sq. ft.): Other:

Yes, I want the County Waste discount if they operate in my area.

Please tell us how you heard about the Galway Co-Op / Fuels4Less.com:

Friend/Family/Other acquaintance Road-side sign Internet search Google advertisement

Newspaper advertisement (name): Other:

Additional Comments (maximum 3 lines of text):

Please submit both pages of this form with \$35.00 payment to the address above to complete enrollment. Checks/money orders must be made payable to "Galway Co-op."

RETURNED CHECK FEE: All checks returned for insufficient funds will be subjected to a \$35 returned check fee. "Like" us on Facebook for up-to-date Co-op news and information - www.facebook.com/GalwayCoop

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AGENCY LETTER

Please be advised that I elect the Hudson Mohawk Group, Inc. and Galway Co-op to serve as my representatives for the purpose of achieving fair group propane pricing. And further, if I have a Ferrellgas leased tank, I elect the Hudson Mohawk Group, Inc. and Galway Co-op to serve as my representative to purchase my propane tank from Ferrellgas if the Hudson Mohawk Group, Inc. and Galway Co-op deem it a necessary measure to allow me to continue my group pricing. The representatives of the Hudson Mohawk Inc. and Galway Co-op have the right to sign any documents on my behalf to achieve the aforementioned. Thank you for any courtesies you may extend through this process.

Signature _____

Date: _____

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