## Valley Rural Electric Cooperative, Inc.

## Members Helping Members Program APPLICATION

Name(s):			
(as printed on ele	ectric bill)		
Address:			
City:St	ate:	ZIP Code:	
Telephone Number:(in	ncluding are	a code)	
Email Address:			
VREC Account Number:(p	orimary resid	dence)	
Reason for Economic Hardship:(E		s of employment)	
Details about Situation:			
Form Completed by:		ure:	
Telephone Number: (including area code)	Date: _		
All information will be kept strictly confidential.			
Please return to: Members Helping Members Program Valley Rural Electric Cooperative, I 10700 Fairgrounds Road, PO Box 4 Huntingdon, PA 16652-0477	nc.		