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

Galway CO-OP (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
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

Please estimate how much fuel is needed (gallons): Propane: _____ ***(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: _____

I am a member of a Credit Union in NYS ☐

☐ **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)*:

Delivery options: Schedule Delivery

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 p¯cing. 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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