

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



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

www.astac.net • info@astac.net

ADD JOINT SUBSCRIBER - RESIDENTIAL

Existing Applicant Name:	Joint Applicant Name:
SSN #:	SSN #:
Birth Date:	Birth Date:
Driver's License # & State:	Driver's License # & State:
Contact Phone #(s):	Contact Phone #(s):
Billing Address (North Slope is PO Box only):	
Email Address(es):	
Location of Service (Physical address + unit #, City/Village):	

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.

Please provide a Security Question and Answer (use an example or make your own) Examples: What is the name of your favorite pet? What is the name of your favorite movie? What is your favorite color? What is your first best friend's name?	Passphrase Any combination of letters and/or numbers
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Additional Authorized Party to contact ASTAC on behalf of the customer if needed - Optional. All Authorized Party(s) will need photo ID/CPNI Security Question(s) to make requests and will have full privilege to add or change services for the Customer.

Name: _____ Contact Phone: _____



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

If yes, please explain: _____

TELEPHONE DIRECTORY LISTING

Write your name as you would like it to appear in the directory, and select the directory option below

(Last Name)	(First Name)	(Middle Initial)	(Prefix)
<input type="checkbox"/> LISTED (In the phone directory, listed with the operator) No Charge			
<input type="checkbox"/> NONLISTED (Not in the phone directory, but listed with the operator) \$2.10 per month			
<input type="checkbox"/> NONPUBLISHED (Not in the phone directory, not listed with the operator) \$2.10 per month			

LONG DISTANCE

Please select one option.

ASTAC LD:	<input type="checkbox"/> 200 Minutes per month \$10	<input type="checkbox"/> 500 minutes per month \$25	<input type="checkbox"/> 1000 minutes per month \$50
OTHER:	<input type="checkbox"/> AT&T*	<input type="checkbox"/> GCI*	<input type="checkbox"/> ACS* (Dea dhorse area only)

*Customer will need to contact the LD provider and set up an account to be billed correctly.

**Nationwide calling rate does not apply to US territories and International calls.

CUSTOM CALLING FEATURES

Check all features you would like included with the calling service. Additional monthly fees apply.

<input type="checkbox"/> Anonymous Call Rejection \$4.10	<input type="checkbox"/> Call Waiting \$3.10	<input type="checkbox"/> Speed Calling - 8 codes \$2.60	<input type="checkbox"/> Three Way Calling \$2.60
<input type="checkbox"/> Calling Number ID \$7.20	<input type="checkbox"/> Continuous Redial \$4.10	<input type="checkbox"/> Speed Calling - 30 codes \$4.10	<input type="checkbox"/> VIP Alert/Customized Ringing \$3.60
<input type="checkbox"/> Call Forward, Remote \$6.00	<input type="checkbox"/> Last Call Return \$4.10	<input type="checkbox"/> Toll Restriction (Total) \$4.05	<input type="checkbox"/> Wake Up, per request \$2.05
<input type="checkbox"/> Call Forward, Variable \$2.60	<input type="checkbox"/> Smart Ring (Teen line) \$2.05	<input type="checkbox"/> Toll Restriction (Block 1+, Allow 0+) \$4.05	<input type="checkbox"/> 900# Block, install (first time free) \$0.00

PLEASE READ ALL TERMS AND CONDITIONS ON PAGE 2 BEFORE SIGNING

ADD JOINT APPLICANT - RESIDENTIAL

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.

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

_____ / _____ / _____		
Owner/Authorized Signer (Please print)	Date	Owner/Authorized Signer (Signature)
_____ / _____ / _____		
Joint Applicant (Please print)	Date	Joint Applicant (Signature)

For Office Use Only – Rev. 5/11/17			
Date Received _____	Date Completed _____	Deposit Required _____	Number Assigned _____
SO# _____	Customer Account# _____	CSR Initials _____	