

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



Web: [www.Fuels4Less.com](http://www.Fuels4Less.com)  
Facebook: [www.facebook.com/GalwayCoop](http://www.facebook.com/GalwayCoop)  
E-mail: [info@galwayco-op.com](mailto: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](http://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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