

**Insight Committee
APPLICATION**



Your Touchstone Energy® Cooperative 

Please complete and sign form.

Go to www.jcecoop.com for additional information.

RETURN COMPLETED INFORMATION TO:

JCE Co-op
Attn: Insight Committee
793 US Route 20 West
P.O. Box 390
Elizabeth, IL 61028

815-591-0091

tsmith@jcecoop.com
Subject: Insight Committee

JCE Co-op Insight Committee

The Insight Committee is a grassroots initiative designed to keep members informed and involved. Committee members provide valuable feedback to the cooperative and share concerns, ideas, and information from their communities. Your voice helps guide decisions and strengthen the connection between the co-op and the members we serve.

Name (Last, First, Middle)		Date	(Check One) Renter Owner	Account #
If a Joint Membership, Please fill out a 2 nd application.		# of years as a Member	Services Received (check all that apply) Electric Natural Gas Broadband	
Home Address	City	State	Zip Code	District #
Home Phone #	Cell Phone #	Email Address*		
Internet Access Available Yes No	Family Size: _____ # of Adults _____ # of dependents		Gender Male Female	
Age: ____ (20 – 30) ____ (30 – 40) ____ (40 – 50) ____ (50 – 60) ____ (60+)	Education Level: ____ Less than High School ____ High School / GED ____ Vocational / Trade Training ____ College Graduate ____ Graduate / Professional School		Occupation / Title	

What do you believe you could bring to the Insight Committee?

What objectives do you hope to accomplish from your membership on the Insight Committee?

Examples of how you and/or your family are involved within your community.

When you hear "JCE Co-op" what do you think of?

What do you hope to gain from being a member of the Insight Copmmittee?

How did you find out about the Insight Committee?

How do you view your relationship with your cooperative? (check one)

Member

Owner

Member/Owner

Customer

Please Explain.

Please print this form to initial and sign below.

_____ I fully understand that confidential information may be shared with me and I will be required to maintain that confidentiality.
(Initial)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal and otherwise. I release all parties of liability for any damage that may result from furnishing such information.

SIGNATURE

DATE

*JCE Co-op values the privacy of its members. Your email address and other information provided on this application will not be shared with any other company or organization. Your email address will be used to communicate JCE Co-op business.