

**Member Advisory Council
APPLICATION**



Your Touchstone Energy® Cooperative 

Please complete and sign form.

Go to www.jcecoop.com for additional applications and information.

RETURN COMPLETED INFORMATION TO:

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

(800) 858-5522
Fax: (815) 858-3731

communications@jcecoop.com
Subject: Member Advisory Council

Member Advisory Council Information

The Member Advisory Council will serve as an advisory body to JCE Co-op. The Council will provide valuable insight, input and feedback to assist in improving services, products and programs. The Advisory Council should be comprised of individuals who are passionate about ensuring that JCE Co-op provides valuable services, products and programs for its members.

Name (Last, First, Middle)		Date	(Check One) Renter Owner		Account #
If a Joint Membership, Please fill out a 2 nd MAC 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 Member Advisory Council?

What objectives do you hope to accomplish from your membership on the Member Advisory Council?

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

When you hear "Jo-Carroll Energy" what do you think of?

What do you hope to gain from being a member of the Member Advisory Council?

How did you find out about the Member Advisory Council?

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.