

**Member Advisory Council  
APPLICATION**



# Jo-Carroll Energy

Your Touchstone Energy® Cooperative   
The power of human connections®

Please complete and sign form.

Go to [www.jocarroll.com](http://www.jocarroll.com) for additional applications and information.

**RETURN COMPLETED INFORMATION TO:**

Jo-Carroll Energy  
Attn: Member Advisory Council  
793 US Route 20 West  
P.O. Box 390  
Elizabeth, IL 61028

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

[MAC@jocarroll.com](mailto:MAC@jocarroll.com)  
Subject: Member Advisory Council

### Member Advisory Council Information

The Member Advisory Council will serve as an advisory body to Jo-Carroll Energy. 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 Jo-Carroll Energy provides valuable services, products and programs for its members.

Name (Last, First, Middle)		Date	(Check One) <b>Renter    Owner</b>	Account #
If a Joint Membership, Please fill out a 2 <sup>nd</sup> MAC application.		# of years as a Member	Services Received (check all that apply) <b>Electric    Natural Gas    Broadband</b>	
Home Address	City	State	Zip Code	District #
Home Phone #	Cell Phone #	Email Address*		
Internet Access Available <b>Yes    No</b>	Family Size: _____ # of Adults    _____ # of dependents		Gender <b>Male    Female</b>	
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

\*Jo-Carroll Energy 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 Jo-Carroll Energy Cooperative business.