



**Missoula
Electric
Cooperative inc.**

Your Touchstone Energy® Cooperative 

1700 W. Broadway
Missoula, MT 59808

406/ 541-4433
FAX: 406/ 541-6318
1-800-352-5200
www.missoulaelectric.com

CO-MEMBERSHIP APPLICATION

CO-CUSTOMER NAME _____
(First) (M.I.) (Last)

Social Security # _____ Date of Birth _____

Service Address _____ Area _____

Telephone _____ Have you been served by MEC before? _____

EMPLOYMENT INFORMATION

Present Employer _____

Business Address _____

City _____ ST _____ Zip _____

Work Phone _____ Ext _____

The undersigned hereby applies for membership in Missoula Electric Cooperative, Inc and agrees to comply by the Articles of Corporation, the Cooperative By-Laws - its articles and sections, policies, rules and/or regulations and rates adopted by the Cooperative and its Board of Trustees.

The undersigned agrees and grants authorized Cooperative personnel the right to enter his/her premises at all reasonable times to read meters, to construct, retire, relocate, replace, operate and maintain Cooperative property and equipment. Also, to cut/trim trees and scrubbery to the extent necessary to keep them clear of said Cooperative property. This includes, when necessary, to cut down dead, weak, and leaning trees that may endanger Cooperative property.

Co-Customer Signature _____ Date _____

By signing this joint application I understand my accumulated CAPITAL CREDITS will now be jointly held with the above co-customer.

Member Name (PLEASE PRINT) _____

Member Signature _____ Date _____

OFFICE USE ONLY

Member Name _____ Member # _____ Acct # _____ Initials _____