

CEC Membership Application

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____

Co-Member Name (optional) _____

Co-Member SS # (optional) _____

Membership \$200.00 ____ Student \$50.00 ____

Payment Method: Check ____ Visa ____ Master Card ____ Other _____

Card Number _____ Expiration Date _____

Signature _____ Date _____

Mail to:

Citizens Energy Cooperative
P.O. Box 438
Waupaca, WI 54981

By submitting this form for membership you agree to abide by all applicable law, including articles of incorporation, bylaws and policies of the cooperative.