



Your Touchstone Energy® Partner 

## REQUEST FOR JOINT MEMBERSHIP

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**Date:** \_\_\_\_\_

The undersigned member and his/her spouse request that the Cooperative convert his/her membership to Joint Membership. The undersigned and his/her spouse agree to comply with the Articles of Conversion, by-laws, and rules and regulations adopted by the Board of Trustees.

**Account Number(s):** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Member's SSN:** \_\_\_\_\_

**Member's Driver Lic. No.:** \_\_\_\_\_

**Member's Phone Number:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Spouse's SSN:** \_\_\_\_\_

**Spouse's Driver Lic. No.:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_