




Valley Electric Association, Inc.

Your Touchstone Energy® Cooperative 

Joint Membership Form

DATE _____ MEMBER NO. _____

Printed Name of Member: _____

SS# _____ DL# _____

Printed Name of Co-applicant
To be added to Account: _____

SS# _____ DL# _____

Applicant's Signature

Co-Applicant's Signature

By VEA: _____
(Office Staff Member)

If request to add a co-applicant is not made in VEA office, please complete the following

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ by
(Date Notarized)

(Members' Name and Co-applicant's Name)

(Notary Seal or Stamp)

(Signature of Notary)