

# I'M INTERESTED IN COMMUNITY SOLAR!

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Membership name

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Joint membership name

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Contact name (If different than membership name)

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Account number

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Service address

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City                      State      Zip

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Mailing Address (If different than service address)

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City                      State      Zip

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Phone                      Cell Phone

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Email Address

I would like to purchase the following number of  
subscriptions.

\_\_\_\_\_ X \$650 = \_\_\_\_\_ (Total payment)

My payment is enclosed

My signed contract is enclosed

Please send me a contract

Please mail the completed form to:

Prairie Energy Cooperative

PO Box 353

Clarion, IA 50525