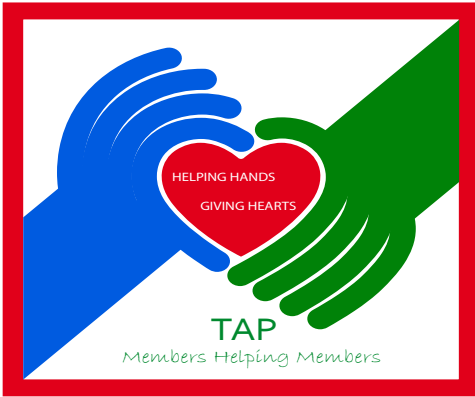


VOLUNTARY MEMBER ENROLLMENT
TO DONATE TO THE TALQUIN ASSISTANCE PROGRAM (TAP)

MEMBERS HELPING MEMBERS



Member Name _____

TEC Account Number _____

Mailing Address _____

Phone Number _____

By signing this form and submitting it to Talquin Electric Cooperative, Inc. (Talquin), I authorize Talquin to round-up my monthly utility account(s) each month to the nearest whole dollar amount, with the added sum to be used in connection with the voluntary Talquin Assistance Program (TAP). In the event my monthly account(s) display(s) a credit, then the credit due will be rounded down to the nearest dollar, and the funds retained will be donated to TAP. I understand that the funds I donate each month will be used by Talquin for charitable purposes which will primarily focus on assisting other Talquin Members who cannot pay their utility bill. I understand that, should the total amount of donations exceed this charitable purpose, the excess donations may be used for such other charitable purposes as are approved by the Board and reported to the Membership.

I understand that participation in TAP is voluntary. I also understand that this is an on-going agreement, and that I must notify Talquin Electric Cooperative if I choose to discontinue my participation in this voluntary program, and that the processing of a termination request may take up to thirty days. I also understand that any donations I make to TAP are non-refundable.

I understand that Talquin may utilize third party agencies (for example, Capital Area Community Action, and/or Salvation Army) to handle disbursements of TAP funds to Members. Members who seek assistance under TAP may be referred to these third party agencies for screening, and any person so referred will be screened on the basis of that agency's criteria. Members seeking assistance will not be required to be contributing to TAP.

I understand that contributions to this program are not tax deductible, and that Talquin will not publish the names of Members who contribute; however, overall program statistics and benefits of the program may be reported to the Membership at least annually.

Signature _____

Date: _____

IF YOU WOULD LIKE TO CONTRIBUTE, PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR PAYMENT OR TO ANY TALQUIN AREA OFFICE. YOU MAY CONTACT US AT ANY TIME TO ENROLL IN THIS PROGRAM.