



285 Mid Century Lane • PO Box 380 • Fairview, IL 61432

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www.midcentury.com

Cooperative Membership

Date: _____

Member No. : _____

The undersigned (hereinafter called the "Member") hereby applies for selected available telecommunication or other communication service(s) provided by Mid Century Telephone Cooperative, Inc. (hereinafter called "Cooperative") and agrees to comply with and be bound by the provisions of the Cooperative's charter and by-laws as may from time to time be adopted. The member also agrees to the rules, regulations and rates of the Cooperative (as set forth in the exchange tariff) as the same now exist or are amended from time to time as well as the following terms and conditions:

1. The member will grant to the Cooperative a right-of-way easement to construct, operate and maintain a telephone line, telecommunication system, or other communication service, on the land occupied by said member and in or upon all streets, roads, or highways abutting said land.

2. All service connection fees shall be non-refundable. A security deposit, in an amount established by the Cooperative, is refundable under established policy and/or procedure of the Cooperative. A security deposit shall be treated as a payment in advance of the member's final bill. The member's final bill shall be the last bill issued to the member upon filing of any Petition seeking relief under the Federal Bankruptcy Act. A debt resulting from a final bill and owed to the Cooperative may be paid by the member's unretired capital credits.

3. If any member fails to pay any billing for service on or before the day fixed for payment, the Cooperative may disconnect the service according to Cooperative rules and regulations.

This membership shall constitute an agreement between the member and the Cooperative, and shall continue in force for 30 days from the date service is made available by the Cooperative to the member, and thereafter until cancelled by oral or written notice given by either party to the other.

Service Address: Street Address, City, State, Zip

MCTC Assigned Telephone Number(s)

Bill Address Post Office/Street Address, City, State, Zip

Print Name Member Signature

Print Name Member Signature

Witness (Customer Service Representative)

I hereby request and authorize MCTC to allow access pertaining to my telephone account be provided to the authorized person(s) listed below. I understand my signature grants said person(s) authorization to initiate request, including but not limited to; balance inquiry, payment arrangements, carrier change and service requests.

Authorized Person (please print)

Authorized Person (please print)

Authorized Person (please print)

Patron's Voluntary Capital Credit Agreement

"I/we further agree that Mid Century Telephone Cooperative shall pay to _____ (please specify a church or charity), whose address is _____, and I/we hereby assign, transfer and set over to said _____ such capital credits as I/we may be entitled to by reason of the action the board of directors of said Cooperative, conditioned on the following: (1) that five (5) years have elapsed following the date that capital credits were declared payable by the board of directors of the Cooperative to the patrons and to me/us and neither I/we nor my/our heirs have claimed such capital credits, (2) the Cooperative is unable to locate my/our whereabouts by letter to my/our last known address as shown on the record of the Cooperative."

In presence of:

Member Signature SEAL

Member Signature SEAL

ACCEPTANCE

Mid Century Telephone Cooperative does hereby accept the above assignment and agrees to make payment hereinabove directed.

Dated this _____ day of _____, 2_____

BY: _____ SEAL