Local Solar Co-op Membership Application

Personal Information

First Name	
Last Name	
Email	
Phone Number	
Address	
City	
State/Province	
ZIP/Postal Code	
Property Details	
Property Type	_
Ownership	
	•
Available Roof Space (approx. sq. ft.)	
Interest & Participation	
Why are you interested in joining the Solar Co-op?	
Relevant skills, experience, or resources you'd like to contribute:	

How did you hear about us?

I agree to the Co-op's values and participation guidelines	