



# SOUTHWEST MEMBERS CARE INC.

## Change for Community Change

[www.stemc.com/southwest-members-care-inc](http://www.stemc.com/southwest-members-care-inc)

### What is Southwest Members Care Inc.?

Southwest Members Care (SMC) rounds your electric bill up to the next dollar and contributes that extra change to worthy causes in your local community.

### When will this program begin?

Sept. 1, 2019

### Why should I participate?

You have the potential to join with others to make a greater impact in your community.

### How are the funds managed?

SMC funds will be managed by a board of directors composed of 10 appointed members of the cooperative. The board will meet quarterly to review applications and select recipients.

### How much of the funds contributed will be donated?

100 percent of funds donated will be dispersed by grants.

### How do I know where the funds go?

All recipients will be published in *The Tennessean Magazine* and on our website.

### How can my organization apply for a grant?

Visit [www.stemc.com/southwest-members-care-inc](http://www.stemc.com/southwest-members-care-inc) for grant guidelines and an application.

### What if I don't want to participate?

Fill out the form below and return it to your local STEMC office, mail the form or complete it online at [www.stemc.com/southwest-members-care-inc](http://www.stemc.com/southwest-members-care-inc).

OPT-OUT FORM			
I have decided NOT to participate in the Southwest Members Care Inc. program.			
To opt-out of the Southwest Members Care Inc. program, please complete the form below and return it to your local Southwest Tennessee Electric Membership Corporation office, mail to: Southwest Members Care Opt-Out, P.O. Box 959, Brownsville, TN 38012 or complete the form on line at <a href="http://www.stemc.com/southwest-members-care-inc">www.stemc.com/southwest-members-care-inc</a> .			
By completing this form, I acknowledge that I will be <u>removed</u> from participation in the program once this form is received by a Member Services Representative at Southwest TN EMC. You may choose to opt back in to the program at any time in the future.			
Southwest TN EMC Account Number:			
Name on Account: First Name		Middle	Last Name:
Secondary name on account, if any:		Middle	Last Name:
Company Name: (for commercial accounts only)			
Service Address:		City:	State: Zip Code:
Billing Address: (if different from service address)		City:	State: Zip Code:
Cell Phone #1	Land-line	Business Phone (if commercial account)	
Cell Phone #2	Please update my phone #'s on my account:		
	<input type="radio"/> Yes <input type="radio"/> No		