



## Code Officials Conference of Michigan 2017 Consideration for Board Nomination

Name: \_\_\_\_\_ Act 54 No. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employed By: \_\_\_\_\_ How Many Years: \_\_\_\_\_

Job Title and Description: \_\_\_\_\_  
\_\_\_\_\_

Previously Employed By: \_\_\_\_\_ How Many Years: \_\_\_\_\_

Other Current Memberships: \_\_\_\_\_

Offices Held: \_\_\_\_\_

Past Memberships: \_\_\_\_\_

Offices Held: \_\_\_\_\_

Additional information may be provided on a separate page and attached to this form.

Please return to:

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