



Code Officials Conference of Michigan 2022 Consideration for Board Nomination

Name: _____ Act 407 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:

COCM
P.O. Box 71913
Madison Heights, MI
48071
989-916-5108

www.cocm.org

cocm1@yahoo.com