

Code Officials Conference of Michigan 2023 Consideration for Board Nomination

Name:		Act 407 No
Address:	City	
Phone:	Email:	
Business Address:	Cit	у
Phone:	Email:	
Employed By:		How Many Years:
Job Title and Description:		
Other Current Memberships:		
Offices Held:		
Past Memberships:		
Offices Held:		
Additional information may be pr	ovided on a separate page and attached to	o this form.
Please return to:	COCM	
	P.O. Box 71913	
	Madison Heights, MI	
	48071	

248-953-1400

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