



Code Officials Conference of Michigan Request for Honorary Membership

Member name being considered for Honorary Membership: _____

Member Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nominated By (if other than Member): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

General Information about Member

How many years - COCM Member _____ Act 407 Registrations Held - BO _____ BI _____ PR _____ EI _____ MI _____ PI _____

Jurisdiction name retired from: _____ Retirement Date _____

Jurisdictions employed by during years in code enforcement? _____ Number of years? _____

Other Code Official Organization Memberships?

Notable Accomplishments during Career:

Any additional information about the member that you wish to provide can be provided on a separate page, please attach to this form.

Must be received prior to Annual Fall Conference

Please mail to: COCM
P.O. 71913
Madison Heights, MI
48071

cocm1@yahoo.com

www.cocm.org

313-229-7990