2018 MAHC CCD IN MICHIGAN REGISTRATION FORM

ORGANIZATION: _____

ADDRESS: _____

_____

REGISTRANTS NAME	***TITLE***	*FEE*

Exceptional Offer

FEES	**MAHC MEMBERS**
Certified Cooperative Director	$300.00

GRAND TOTAL: _____

SUBMITTER:_____

PHONE: _____

Please make checks payable to: MAHC and mail to: P.O Box 185, Romulus, MI 48174-0185