

CERTIFIED COOPERATIVE DIRECTOR (CCD) REGISTRATION

Name: _____

Title: _____

Cooperative: _____

Cooperative Address: _____

Names of attendees:

Cost: \$300.00 per person

Make Check payable to: "Midwest Association of Housing Cooperatives"

Where: Georgetown Place Cooperative **When:** Saturday, August 19th, 2017 9am-5pm
24276 Rosewood Sunday, August 20th, 2017 9am-1pm
Taylor, MI 48180

Send to: MAHC

PO Box 185

37140 Goddard Rd.

Romulus, MI 48174



(734)955-9516-ofc

(734)955-9518-fax