

CERTIFIED COOPERATIVE DIRECTOR (CCS) REGISTRATION

Name: _____

Title: _____

Cooperative: _____

Cooperative Address: _____

Names of attendees:

Cost: \$350.00 per person

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

Where: Georgetown Place Cooperative	When: Saturday, October 5, 2019 9am-5pm
24276 Rosewood	Sunday, October 6, 2019 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

