



# Code Officials Conference of Michigan

## 2019 Membership Application

January 1, 2019 – December 31, 2019

This form is a PDF fillable form. Download, fill in the information and print for submittal. Or print all information in a legible manner. Provide all requested information to aid COCM in keeping up-to-date records. Only one applicant per membership form. Jurisdictions with multiple members may submit additional membership applications with one check (please submit together). *Thank you.*

Applicant Name: \_\_\_\_\_ Act 407# \_\_\_\_\_

Municipality: \_\_\_\_\_

Membership Type (see bottom of page): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ICC Member? Yes -  No -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

Inspector Registration Type: Check boxes applicable to your registrations  BO  BI  PR  EI  MI  PI

### 2019 COCM Membership Fees

| Fee Type   | Fee Amount            |
|--|-----------------------|
| <b>2019 COCM Membership fee</b> <i>(required to participate in COCM Conferences)</i> | <b>\$40.00</b>        |
| <i>Fees must be submitted with this registration form</i>                            | <b>Total Enclosed</b> |

*Please mail application and check made payable to:*

**COCM**  
**P.O. Box 6433**  
**Plymouth, MI 48170**

*For more information on COCM*

**Phone: 231-206-1450**

**Email: [cocm1@yahoo.com](mailto:cocm1@yahoo.com)**

or

**[www.cocm.org](http://www.cocm.org)**

### Membership Types

Municipal shall be restricted to employees of governmental agencies engaged in the administration and enforcement of Michigan codes, and shall be registered pursuant to Public Act 407 of 2016.

Associate shall be restricted to individuals interested in the objectives of the organization and are involved in the construction industry.

Honorary shall be restricted to individuals who have retired from enforcing codes or who have rendered unusual service in the promotion of the objectives of this organization. Must submit to COCM, a letter (see COCM website for Honorary Status Form) requesting Honorary Membership status, and be approved by the membership at the Annual Fall Conference to qualify as an Honorary Member. Once approved, Honorary status is ongoing and re-approval is not required).

*For COCM record use only*

|                |   |  |
|----------------|---|--|
| Date received: | Payment type:<br><input type="checkbox"/> Cash <input type="checkbox"/> Check # | Amount received for:<br><input type="checkbox"/> Membership only<br><input type="checkbox"/> Membership and conference |
|----------------|---|--|