

MICHIGAN ASSOCIATION
OF TIMBERMEN
BOARD OF DIRECTORS
NOMINATION

Mail with registration, or fax to 906-428-4144

I would like to serve on the Michigan Association of Timbermen Board of Directors

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ *STATE:* _____ *ZIP:* _____

COUNTY: _____

Please fill out the nomination
form completely and return by
March 1st, 2010

GET INVOLVED !!

Please call Jan if you have any questions
906-428-4409