

**CoPro+ PARTICIPANT REGISTRATION FORM**

There are no fees, commitments or order minimums required to join CoPro+. If you represent a public agency, educational institution or nonprofit organization, complete the information below to start saving time and money!

PERSONAL INFORMATION	
First and Last Name	Title
Email Address	Phone Number
AGENCY INFORMATION	
Agency Name	Agency Type
Address	Address 2 (optional)
City	Zip Code
By signing below, I certify that I am an authorized representative of this agency:	
Signature	Date

Return form to:      MAC Service Corporation  
 Attn: CoPro+ Program  
 110 W. Michigan Ave., Suite 200  
 Lansing, MI 4933  
 Email: [info@coproplus.org](mailto:info@coproplus.org)

Internal Use Only:	Member Number:	Date:
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