

# Michigan Wheat Program

## MAEAP Certification Recognition Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Farm/Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

(Your email address is necessary to send your confirmation and directions if you are attending the annual meeting and to add you to the e-newsletter recipient list. It will not be shared with others.)

I would like to receive information about upcoming wheat-related meetings, field days, research project results and other information pertinent to wheat farmers through the Michigan Wheat Program e-newsletter, Wheat Wisdom. \_\_\_\_\_ yes \_\_\_\_\_ no

In what program did you receive your MAEAP verification \_\_\_\_\_ Date \_\_\_\_\_

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