

MAEAP ONLINE EDUCATIONAL CREDIT REGISTRATION FORM



Your Name:		
Farm Name:		
Mailing Address:		
City:	Zip Code:	County:
Email Address:		Telephone:
Title of Unit(s) (Must have at least 3 units)		Date Viewed:
<p>My signature or submittal to MAEAP electronically indicates that I have viewed the educational units listed above to improve the environmental performance of my farming system.</p>		
Your Signature:		
Date:		

Fax to: 517-335-3329 or Email to: MDA-ESD-MAEAP@michigan.gov

Mail to:
MI Dept. of Ag & Rural Development
MAEAP
P.O. Box 30017
Lansing, MI 48909



Give this copy directly to your
local MAEAP Water
Stewardship Technician!