

# Weil-McLain Contractor Co-Op Registration Form

**Yes! I participate in the Contractor Locator Program**

**Name:**

**Company Name:**

**Company Address:**

**City:**  **State:**  **Zip:**

**Phone:**  **Fax:**

**Email:**

**Signature:**

**Date:**

Please fax your completed Contractor Co-op Registration form to:  
219-877-0556

Or mail to:  
Weil-McLain Co-op  
500 Blaine St., Michigan City, IN 46360



For office use only:

Certified contractor does participate in Contractor Locator Program

Certified contractor does not participate in Contractor Locator Program