



# Recycle, Michigan Partner Form

MICHIGAN RECYCLING COALITION

For communities, organizations and businesses that want to be a partner in actively promoting recycling in Michigan and highlight their own recycling efforts.

Organization Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Does your organization have an environmental Board, Department, Director or Staff?

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Briefly explain how your program strives for continuous improvement.

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Briefly describe how your organization provides ongoing recycling educational opportunities and utilizes the Recycle, MI campaign in outreach efforts.

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How does your organization advocate for expanding recycling opportunities in Michigan?

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