

DELEGATE CANDIDATE INFORMATION FORM



Name Date of Birth (Max: 70 years of age of March 1)

Address

City State Zip Cell Phone

Email COBA District Herd Size

Farm/Business Name Breed(s)

How is COBA part of your dairy or beef operation?

Candidate Statement - Please provide a statement as to your interest, background, and experience to serve in the role of delegate. It will help members know why they should vote for you.

Please save and attach email to return to COBA as soon as possible.

Please use the enclosed self-addressed envelope or email to julie@cobaselect.com or complete online form on the COBA website: www.cobaselect.com on the resources page.