

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 to be published on the ballot of your interest in serving as a delegate and why members should choose you to represent them.

Please return to COBA as soon as possible no later than January 10, 2022

Please use the enclosed self-addressed envelope or email to [julie@cobaselect.com](mailto:julie@cobaselect.com) or complete online form on the COBA website: <http://www.cobaselect.com/resources/>