

DIRECTOR CANDIDATE 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) & % COBA semen used in herd

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 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 or complete on-line form on the COBA website: <http://www.cobaselect.com/resources/> .