

USB Director Candidate

Indiana Soybean Alliance

Your contact information:

Name:					
Address:					
City:	State:	IN	Zip Code:		
County of Residence:					
Phones					
Home:		Work:			
Cell:		Fax:			
E-mail					
A great deal of Director communicat not have either, and are elected a U					
to get one?		otor, would	you be willing	YES	NO
Tell us about your career in farmi	<u>ng</u> :				
Farm Name:					
City:	State:	IN	County:		
How many years have you farmed?			Ye	ars:	
Do you farm with someone else?					
Acreage:		Farm			
Soybeans		Total:			
Are you an Indiana resident whose s					
Assessed under the Soybean Promo	otion and	d Research	Checkoff in the		NO
last two years?					NO
				YES	110
Do you own or share risk of loss of s	soybean	s?		YES	NO
Do you own or share risk of loss of s Are you in arrears or default on chec	-				
•	ckoff pay			YES	NO

Education or	special training			
School or Cou	rse:			
Graduation Ye	ar: Degree(s):			
Any other spec	(If you need additional space, please attach blank pages)			
<u>Participation</u>	in agricultural organizations			
Organization:				
Years:	Title:			
Comments:	(If you need additional space, please attach blank pages)			
Organization:				
Years:	Title:			
Comments:	(If you need additional space, please attach blank pages)			
Organization:				
Years:	Title:			
Comments:	(If you need additional space, please attach blank pages)			
Community activities				
Organization:				
Years:	Title:			
Comments:	(If you need additional space, please attach blank pages)			

Organization:
Years: Title:
(If you need additional space, please attach
Comments: blank pages)
1. Why would you like to be Indiana's representative on the United Soybean Board?
Describe your knowledge of soybean checkoff programs - both state and
national.
As a leader and spokesperson for the soybean industry and agriculture in
general, what are top issues you believe need attention?
4. Relating to Question 3, what actions do you recommend to ensure a prosperous future for agriculture?

Please provide any additional information you would like the nomination committee to know.	
Signature: Date:	

Email completed form to amyers@indiansoybean.com, or mail it to Indiana Soybean Alliance
Attn: Amber Myers
8425 Keystone Crossing, Suite 200
Indianapolis, IN 46240

Due by February 28, 2024