



OREGON BEEF COUNCIL APPLICATION & QUALIFICATION FORM

This form assists the Oregon Department of Agriculture Director and staff in evaluating the qualifications of an applicant for appointment to the Oregon Beef Council. Please complete both sides of this form and mail or fax to:

Agricultural Development & Marketing Division
Oregon Department of Agriculture
1207 NW Naito Parkway, Suite 104
Portland, OR 97209-2832

Fax: 503-872-6601
Phone: 503-872-6600
www.oregon.gov/ODA/ADMD
kanderson@oda.state.or.us

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-872-6600.

All Applicants Please complete the areas below. Public members, be sure to complete the other side of this form.

Type of Beef Council Member: Position #	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Public
<p>Oregon Beef Council members serve from specific occupations defined as follows: Beef Producers raise, breed or grow cattle or calves for beef production. Dairy Producers are engaged in the production of fluid milk on a dairy farm. Handlers are actively engaged in the processing, slaughtering, handling or marketing of cattle. A Public Member is a person not associated with the producing, feeding or handling of cattle who has an active interest in the positive economic development of the beef industry.</p>				

First Name	Last Name
Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business	Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Business
Business Name	
Occupation/Your Title	Years in this field
Business Address	
Business Phone	Business Fax
Home Address	
Home Phone	Home Fax
E-mail	
County(ies) of Business	County of Home
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oregon Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently serving on a state board or commission other than this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Beef or Dairy Producer or Handler Member: Please complete area below.

Have you been actively engaged as a beef or dairy producer or a handler for at least five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you derive a substantial proportion of your income from the commodity represented by the Oregon Beef Council ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all organizations that represent the beef production or business, or public service organizations, in which you have held memberships and the number of years. You may complete this section on the other side or on a separate sheet of paper.	
	Years
	Years
	Years

Please explain your active interest in the positive development and economic growth of the beef industry in Oregon.
To be considered, you **must** complete this section. You may use the other side or a separate sheet of paper.

Be sure to complete the other side of this form.

OREGON BEEF COUNCIL APPLICATION & QUALIFICATION FORM

All Applicants Please print out and complete the area below. After signing, mail or email to address on front.				
Mark type of Member:	<i>Position #</i>	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Handler <input type="checkbox"/> Public

Public Member: Please complete area below.	
Are you associated with the production or handling of the commodity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain how below:	
Please list organizations in which you've been a member where you've gained experience that would be useful in serving the Oregon Beef Council. Include how many years you've been a member of each. You may use a separate sheet of paper.	
	Years
	Years
	Years
Please explain your active interest in the positive development and economic growth of the beef industry in Oregon. To be considered, you must complete this section. You may use a separate sheet of paper.	

All Applicants Please complete the area below.

By signing this form, I hereby state that all information provided by me on this form is true to the best of my knowledge and I will accept appointment if selected by the ODA Director.

Signature	Date
-----------	------