



# 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**

**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 <b>Beef Council</b> Member: Position # _____ <input type="checkbox"/> Beef Producer <input type="checkbox"/> Dairy Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public
<p><b>Oregon Beef Council</b> members serve from specific occupations defined as follows:  <b>Beef Producers</b> raise, breed or grow cattle or calves for beef production.  <b>Dairy Producers</b> are engaged in the production of fluid milk on a dairy farm.  <b>Handlers</b> are actively engaged in the processing, slaughtering, handling or marketing of cattle.  A <b>Public Member</b> 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 <b>Oregon Beef Council</b> ?	<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.**

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<b>All Applicants</b> Please complete the area below.					
Mark type of Member:	Position # _____	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Public

<b>Public Member:</b> Please complete area below.	
Are you associated with the production or handling of the commodity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain how:
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 <b>must</b> complete this section. You may use a separate sheet of paper.	

<b>All Applicants</b> Please complete the area below.
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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
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Department Use Only (3/06)

<input type="checkbox"/> Accepted	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Denied	Initial and date _____
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