

2024-2026 ADVISORY TEAM

APPLICATION FORM

GENERAL INFORMATION:			
Name:			
Member Organization:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email:	Delegate of Council since:		
PLEASE INDICATE YOUR FIRST AND S	SECOND CHOICE A-TI	EAM:	
First Choice (Choose one)		Second Choice (Choose One)	
Asia		Asia	
Ethanol		Ethanol	
Innovation and Sustainability		Innovation and Sustainability	
Middle East/Africa/South Asia		Middle East/Africa/South Asia	
Trade Policy		Trade Policy	
Value-Added		Value-Added	
Western Hemisphere	Ì	Western Hemisphere	
Would you like to be considered to serve	as an advisory team	leader? Yes No	
EDUCATION:			
LIST LEADERSHIP POSITIONS YOU HA	VE HELD IN FARM O	R CIVIC ORGANIZATIONS:	
Position or Involvement:		Year(s) Held:	
Position or Involvement:		Year(s) Held:	

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A P P L I C A T I O N F O R M (CONTINUED)

LIST TRADE TEAMS YOU HAVE HOSTED OR MISSIONS	S IN WHICH YOU HAVE PARTICIPATED IN THE PAST 5 YEARS:
Program Title:	Date:
Program Title:	Date:
Program Title:	Date:
	IDENTIFY AND CREATE A LIST OF SUBJECT MATTER EXPERTS. KE TO BE CALLED AS A RESOURCE, PLEASE LIST YOUR
PLEASE ANSWER THE FOLLOWING QUESTIONS AS C	OMPLETELY AS POSSIBLE:
What do you think is the most critical issue for	the industry over the next 5 years?
2. What is the most important role that members of effectiveness of our programs?	
	years to the best of my abilities. I understand the value of my
	Date:
FOR DELEGATES OF CHECKOFF PROGRAMS, PLEASE	CONFIRM APPROVAL BELOW FROM YOUR STATE EXECUTIVE:
Approved by:	Date:
This initiative is only open to individuals affiliated with U.S	S. Grains Council Member Organizations. The incoming Chairman

will review applications and will make appointments prior to the Annual Board of Delegates Meeting in July; new terms

will be effective on August 1st.