

ARKANSAS JUNIOR ANGUS ASSOCIATION

2016-2017 Officers, Advisor & Breed Representative Application

This form must be completed and sent in by April 25th if you would like to hold an office in the Arkansas Junior Angus Association for the next year. In accordance with our Bylaws, you will not be considered for office or be eligible for nomination from the floor if this application is not completed and submitted.

- *New officers take office following the National Junior Angus Show in July 2016.
- *Please refer to the Bylaws for eligibility requirements and a complete description of each office's responsibilities (a copy of the Bylaws can be found on the website, www.arkangus.com).
- *The Nominating Committee will determine eligibility of applicants and will propose a slate of officers to the general membership at the Annual Meeting at Preview Show.

NAME: _____ **AGE:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

COUNTY: _____ **PHONE: ()** _____

YEARS IN ARK JR ANGUS: _____ **E-MAIL:** _____

Please consider me for the following offices: If you have questions please call 479-650-4665 or email Claire Taylor

** Please rank choices in order of preference (e.g., 1 is your first choice, 2 is your second choice, etc. Do not mark with Xs.

According to our By-Laws, **Article V, Section g:** A member may be considered for President after serving at least one year as Vice-President, Membership Director, Membership Director, or Communications Director. Presidential candidates are not required to have first served as Vice-President; **and h:** A member may serve a second term in the same office if re-elected, but may not serve more than two consecutive years in the same office.

President	Vice President
Membership Director	Senior Director
Foundation/Finance Director	Junior Director
Communications Director	Voting Delegate to NJAS

I feel that I am qualified to serve as an officer of the Arkansas Junior Angus Association because (continue on back):

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I have read and understand the responsibilities of the office(s) I have marked above. If elected, I agree to fulfill those responsibilities to the best of my ability.

Applicant's Signature: _____ **Date:** _____

If you are under 18 years of age, please have a parent or guardian complete the following portion of the application.

I fully support and will help my child fulfill the responsibilities of the offices applied for above.

Adult's Signature: _____ **Date:** _____

Mail this application to the Advisor of the Nominating Committee! Must be postmarked, e-	Claire Taylor <small>P.O. Box 517</small>	Please serve your Association! <small>and your breed!</small>
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mailed or faxed by

APRIL 25, 2016

P.O. BOX 317
Fort Smith, AR 72901
Fax: 479-782-8210

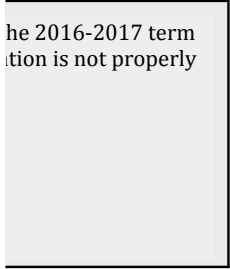
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Claire@bellepoint.com

Pleas



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claire@bellepoint.com
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Foundation & Finance

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State Princess

District Princess

Adult Advisor



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