South Dakota Junior Hereford Association (SDJHA) Officer and Director Application

Must be a member of the SDJHA and 14 as of the date of the membership meeting at Field Day.

Name:					
Address:					
Phone:E-mail:					
Age as of January 1st, current year:					
Number of years you have been a SDJHA member:					
Desired Position: (You may select as many positions as you wish.)					
 □ President □ President Elect □ Secretary □ Treasurer □ Reporter □ Director (3 positions available) 					
Have you held a leadership position with the SDJHA before?	☐ Yes		No		
If yes, what position was held.				_	
If elected, would you be able to attend officer meetings?	☐ Yes		No		
If elected, would you be able to attend general meetings?	☐ Yes		No		
If No, please list any conflicts or involvements you will have th	roughout th	e next	t SDJHA ye	ear including otl	ner
clubs, sports, theatre, etc.:					
What leadership positions have you previously held?					

What are some of your hobbies or interests?
What could you contribute to the SDJHA Board of Directors?
What new ideas do you plan to contribute to the SDJHA.
ACCEPTANCE OF RECRONCIPHITY AND RAPENTAL CONCENT
ACCEPTANCE OF RESPONSIBILITY AND PARENTAL CONSENT
I,, am willing to commit my time and effort to the South Dakota
Junior Hereford Association if elected as an Officer or Director. I also certify that the information provided in
this application is accurate and that I am the author of the answers provided which are true and of the utmost
sincerity.
Member Signature:
I hereby give consent forto run for a position on the Board of
Directors of the South Dakota Junior Hereford Association. I also give consent for he/she to commit the
necessary time and effort to make the South Hereford Association a success if he/ she is elected to the Board of Directors.
Parent Signature: Email:
Parent Name:
Parent Address:
Parent Phone Number: