CERTIFICATION APPLICATION
State Fair Board Elections

Election of the District Nominee to the Indiana State Fair Board

Please return the form via email or mail to the information below.

Attn: Quinton Hayes
Indiana State Department of Agriculture
1 North Capital Avenue, Ste. 600
Indianapolis, IN 46204
Phone: (317) 450-2842
E-mail: communications@isda.in.gov

All information below must be completed and the form ***must be signed***.

Organization Name: _____

County: _____

Total Active Members in Organization *(to be eligible, must be at least 10):* _____

Length of Time Organization Has Existed *(to be eligible, must have existed for at least 1 year before application is filed)* _____

Type of Agricultural Interest (*defined as any regularly organized organization in the state that represents, supports, or promotes farmers, agricultural commodities, livestock, conservation, county 4-H fairs, exhibition animals, or county extension boards.* IC 15-13-1-3.)

_____

OR Type of Agricultural Youth or Agricultural Education Interest (defined as any *regularly organized organization in the state that represents, supports, or promotes the career, educational, and leadership development of Indiana youth.* IC 15-13-5-10)

_____

Officer Information *(to be eligible you must have duly elected officers; at minimum, you must include names and addresses)*

President: _____

Address: _____

City: _____ Zip: _____

Vice President: _____

Address: _____

City: _____ Zip: _____

Secretary: _____

Address: _____

City: _____ Zip: _____

Treasurer: _____

Address: _____

City: _____ Zip: _____

Other: _____

Address: _____

City: _____ Zip: _____

Delegate Information *(to be eligible you must have an individual authorized by your organization to vote; at minimum, you must include name, address, and title)*

Delegate name: _____

Address: _____

City: _____ Zip: _____

Title: _____

Email: _____ Phone: _____

***1st Alternate* Delegate**: _____

Address: _____

City: _____ Zip: _____

Title: _____

Email: _____ Phone: _____

***2nd Alternate* Delegate**: _____

Address: _____

City: _____ Zip: _____

Title: _____

Email: _____ Phone: _____

As required by IC 15-13-5-10(a)(7)(E), I certify that, to the best of my knowledge, the foregoing is correct and that the above-listed organization is eligible to be certified.

Signed: _____ Title: _____

Printed Name: _____ Date: _____