

2024 BOARD OF DIRECTORS NOMINATION FORM

*Nominator's Name:	
Phone Number:	
*Nominee's Name:	
Address:	
Phone Number:	
	*Per Central Valley Ag (CVA) bylaws, the Nominator and Nominee must be:
	in good standing with CVA
	currently doing business with CVA
	□ a Stockholder of CVA
9	accepted for candidates within Region 1, 2, 4, 6, 7 and 8 of the CVA Territory. For Region r to the CVA Map found online at www.cvacoop.com/vote.
Please provide 10 signo	itures of CVA Stockholders who support this nomination:
1.	
3.	4.
5.	6.
7.	8.
9.	10.
NOTE: Nominee must c	omplete the Biography found on Page 2 to finalize their Nomination.

Once the Nomination Form and Biography is complete, please return it to:

Central Valley Ag Attn: Tom Vodicka PO Box 429 York, NE 68467

Questions? Contact Tom Vodicka, Nominating Committee Chairman, at 402-641-5131.





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Stockholder Name:	Phone:	
Where is your farming operation? City:	County:	State:
Type of farming operation:		
Grain:		
Livestock:		
Share the experiences you have had that will prep	pare you for serving on the C	CVA Board of Directors.
Why are you interested in serving on the CVA Boo	ard of Directors?	
What qualities do you possess that would add val	lue to the CVA Board of Dire	ctors?
Talk about your passion for the cooperative system	n:	
What is your vision for CVA?		
Provide any additional information you would like	e to share here (family, comm	unity involvement, etc.)