



# U.S. GRAINS & BIOPRODUCTS COUNCIL

2026-2028 ADVISORY TEAM

## A P P L I C A T I O N F O R M

### 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 SECOND CHOICE A-TEAM:

#### First Choice (Choose one)

- Asia
- Ethanol
- Innovation and Sustainability
- Middle East/Africa/South Asia
- Trade Policy
- Value-Added
- Western Hemisphere

#### Second Choice (Choose One)

- Asia
- Ethanol
- Innovation and Sustainability
- Middle East/Africa/South Asia
- Trade Policy
- Value-Added
- Western Hemisphere

If you would like to apply as an A-Team Lead or Vice-Lead please request and return the interest form.

### EDUCATION:

#### LIST LEADERSHIP POSITIONS YOU HAVE HELD IN FARM OR CIVIC ORGANIZATIONS:

Position or Involvement: \_\_\_\_\_ Year(s) Held: \_\_\_\_\_

Position or Involvement: \_\_\_\_\_ Year(s) Held: \_\_\_\_\_

**2026-2028 ADVISORY TEAM**  
**A P P L I C A T I O N F O R M**  
(CONTINUED)

**LIST TRADE TEAMS YOU HAVE HOSTED OR MISSIONS IN WHICH YOU HAVE PARTICIPATED IN THE PAST 5 YEARS:**

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

**AS A MEMBER-DRIVEN ORGANIZATION, WE LIKE TO IDENTIFY AND CREATE A LIST OF SUBJECT MATTER EXPERTS. IF YOU HAVE SPECIFIC KNOWLEDGE AND WOULD LIKE TO BE CALLED AS A RESOURCE, PLEASE LIST YOUR EXPERTISE HERE.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE:**

- 1. 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 the U.S. Grains & BioProducts Council can play to maximize the effectiveness of our programs?**



I agree to participate in A-Team activities over the next 2 years to the best of my abilities. I understand the value of my participation in impacting the Council’s strategic direction in policies and programs.

**APPLICANT SIGNATURE:**

\_\_\_\_\_ 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. Grains & BioProducts Council Member Organizations. The incoming Chair 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.*