

KENTUCKY AGRICULTURAL COUNCIL

The _____ wishes to participate as a member of the **Kentucky**
(insert organization)

Agricultural Council Strategic Planning process to assist with the development and implementation of a Strategic Plan of Action for Kentucky agriculture.

Representative

Name: _____

Mailing Address: _____

County: _____

E-mail: _____

Phone – work: () _____

home: () _____

cell: () _____

Position in organization: _____

Alternate

Name: _____

Mailing Address: _____

County: _____

E-mail: _____

Phone – work: () _____

home: () _____

cell: () _____

Position in organization: _____

Information provided by:

Name:	Title:
Organization:	
Address:	Phone: ()
	E-mail:
	Date:
(Signature)	

Please return form to **Dawn Riley** at
Kentucky Agricultural Council
P.O. Box 5478 Louisville, KY 40255-0478

Or email: dawn.riley@insightbb.com