



Please Print Clearly

2010 Director's List

Agricultural Society Name _____

Mailing address of Ag. Society (Not the street address)

Note: This is the address where all correspondence including grant cheques will be sent.

Address: _____

Town or city _____ Postal code _____ Phone # (Ag. Society) (_____) _____

Fax number (_____) _____ Email address _____

1) President

Mr. Mrs. Ms. Name _____

Mailing address _____ Town or city _____

Postal Code _____ Day phone (_____) _____ Home Phone (_____) _____

Email _____

2) Vice-President

Mr. Mrs. Ms. Name _____

Mailing address _____ Town or city _____

Postal Code _____ Day phone (_____) _____ Home Phone (_____) _____

Email _____

3) Secretary

Mr. Mrs. Ms. Name _____

Mailing address _____ Town or city _____

Postal Code _____ Day phone (_____) _____ Home Phone (_____) _____

Email _____

4) Treasurer

Mr. Mrs. Ms. Name _____

Mailing address _____ Town or city _____

Postal Code _____ Day phone (_____) _____ Home Phone (_____) _____

Email _____

****The information you provide on this form will require disclosure under the Freedom of Information and Protection of Privacy act (FOIP). If you have questions concerning this contact us at (780) 427-4311.**

The officers listed as executive / directors were elected at the meeting held on: _____

Facility Manager Name (if applicable) _____ Facility Phone Number (____) _____

Other Directors

Remember: you must have at least 12 directors in total. Attach an extra page to this list if necessary.

5)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
6)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
7)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
8)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
9)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
10)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
11)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
12)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
13)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number
14)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Day Phone Number	Home Phone Number

Signature of Agricultural Society Secretary X _____ Date _____

* Return this list by **January 15th** TO: **Agricultural Societies Program**
Alberta Agriculture and Rural Development
#200, 7000-113 Street Edmonton, AB T6H 5T6
Phone: (780) 427-4311 Fax: (780) 422-7755