



# Board of Directors Application

## APPLICANT INFORMATION

Name			
Address	City	State	Zip Code
Email Address		Phone Number	

## Tell us about your family:

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## Describe your operation or business:

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## Previous Board/Comittee experience and offices held:

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## Related Organizations or Memberships:

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## Education:

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## Additional Qualifications:

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## Tell us why you would like to serve on the 40 Square Cooperative Solution's Board of Directors:

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## Board of Directors Application (cont.)

### 40 Square Cooperative Solutions' Director Qualifications

In general, the following are the qualifications required of individuals serving as a director of 40 Square Cooperative Solutions (40 Square):

- Is a voting member in good standing of 40 Square.
- Is not in direct competition with 40 Square to acquire new business from existing members/patrons of 40 Square.
- Demonstrates leadership characteristics.
- Demonstrates understanding of cooperative principals and organizational structure.
- Has sufficient time to attend and participate in board meetings and is willing to attend director training sessions.
- Has the ability to read and understand financial statements and key financial ratios.
- Has the ability to work well with others as a team and to support majority decisions.
- Has not been employed by the cooperative during the five years preceding nomination.
- Has not been involuntarily removed from the board during the last five years.
- Is aware that favors will not be granted to any director, his/her family, or relatives.
- Is willing to keep matters discussed at board meetings confidential.
- Has the ability to recognize the continuing need for improvement and change in business practices.
- Has the ability to recognize the overall objectives of the cooperative and be able to see things in perspective.
- Has a strong interest in and current knowledge of economics and business conditions affecting the larger agricultural community.
- Is loyal to the cooperative, demonstrates faith in its aims and purposes, and is an active participant in the cooperative's programs and services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

**Mail or Return to:**

40 Square Cooperative Solutions  
Attn: Nominating Committee  
8011 34 th Avenue S., Suite 148  
Bloomington, MN 55425

**Email to:**

Char Vrieze  
cvrieze@40Square.coop