



Minnesota Turkey Growers Association

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**Minnesota Turkey Growers Association**  
**Allied Representative**  
**Board of Directors Application Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Role/Position: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Describe your business and/or role within your company:

Describe involvement in other organizations (church, ag-related, civic, etc)

Explain why you would like to be a part of the MTGA Board of Directors:

EMAIL TO PAM DEBELE – [pdebele@minnesotaturkey.com](mailto:pdebele@minnesotaturkey.com)