

REPORT ON MY VISIT TO A COOPERATIVE

(Youth must fill in Blanks and turn in to the registration desk at the Virginia Institute on Cooperative education.)

Name: _____

Home Address: _____

County or City: _____

4-H Member _____ FFA Member _____ _____ Other Youth
(Name) Organization

Date of Birth: _____ Age (as of July 1, 2019): _____

Name of Parent/Guardian: _____

Home Phone: _____

Complete and legal name of Cooperative Visited:

Complete address of Cooperative Visited:

Name and position of person interviewed: _____

Type of Cooperative:

_____ Farm Supply

_____ Electric Cooperative

_____ Marketing

_____ Telephone Cooperative

_____ Farm Credit

_____ Artificial Breeding Assoc.

_____ Other: _____

In what year was the Local Cooperative formed? _____

Name of the President or Chairman of the Board of Directors or other Advisory Board:

Area served by the cooperative: _____

Approximate number of members eligible to vote, presently served by the cooperative:

Volume of Business (most recent year): _\$ _____

Present number of full time employees: _____

Present number of part-time employees: _____

