



Golden Farmer Nomination Form



Purpose: To recognize farmers for their dedication, long tenure & hard work on the farm

Qualifications:

- Nominees should be a current or retired farm operator and/or farmland owner with at least 50 years of farming experience (farming since 1971 or before)
- Must be a McLean County Farm Bureau member
- Current/previous resident and/or owner of farmland in McLean County, IL

Name: _____ Date of Birth: _____

Spouse's Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

First year you farmed/owned farmland: _____

Farm base location (Twp/section): _____

Were you a 4-H and/or FFA member? Yes No

(If yes) 4-H club: _____ FFA Chapter: _____

Did you serve in the military? Yes No If yes, branch/years: _____

List crops raised during your farming career: _____

List any livestock raised during your farming career: _____

List involvement in community and/or agricultural organizations: _____

What do you consider your proudest moment/greatest achievement in farming?

What advice would you offer to young people entering the agricultural profession?

If you could go back and tell yourself something on the first day you started farming, what would it be? _____

Describe how you got started farming: _____

Have any family members been involved in farming with you? If yes, describe: _____

How did technology change during your years of farming? _____

What year or decade stands out the most from your farming career: _____

Why? _____

What was the biggest challenge you faced during your whole farming career? _____

What world event had the biggest impact on your farm? _____

Why? _____

What is your favorite part/memory of farming? _____

Name (as you want it on your gate sign): _____

Form Completed by: _____ Relation to Nominee: _____

Signature: _____ Date: _____



McLEAN COUNTY

MUSEUM OF HISTORY

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McLean County Farm Bureau® Golden Farmer Recognition

Completing this form authorizes your written and/or oral history to be shared & archived at the McLean County Museum of History.

Written History Release

I, _____ (print or type name) desire to absolutely transfer full title by signing below hereby give, assign permanently and forever together with any copyright therein and the right to copyright the same. It is understood by the Donor that the written history will be stored in the McLean County Museum of History archives and may also be used in other ways to benefit the Society as determined by the Board of Directors.

Oral History Release:

I, _____ (print or type name) give ownership of the audio or video recordings and transcripts resulting from oral history interviews to the McLean County Historical Society. I also give the Society permission to use excerpts from this interview for exhibit or publication purposes.

I do not wish my name to be associated with information or quotations appearing in public programs, exhibits, or publications.

Signed: _____

Phone : _____

Street Address: _____

City/State/Zipcode: _____

Date _____