

**KIWIFRUIT ADMINISTRATIVE COMMITTEE
OFFICIAL NOMINATION FORM
DISTRICT # _____**

For your information, listed below are the incumbent Kiwifruit Administrative Committee (KAC) members for this district:

Incumbent Member: _____ Incumbent Name _____

Incumbent Alternate Member: _____ Incumbent Name _____

We ask that you be mindful of the Department's policy regarding Equal Employment Opportunity and Civil Rights and consider eligible women, minorities, and the physically challenged for membership on the Committee.

If you want to nominate a grower, or their employee, and are unsure if they qualify in your district, please call our office at (559) 638-5951. Nomination forms must be postmarked no later than _____.

PLEASE PRINT THE NAME OF YOUR NOMINEE(S) IN THE SPACE PROVIDED BELOW. TO BE ELIGIBLE TO SERVE ON THE KAC, A NOMINEE MUST CURRENTLY BE PRODUCING KIWIFRUIT FOR MARKET, OR AN EMPLOYEE OF A CURRENT PRODUCER. ALL QUALIFIED NOMINEES FOR EACH POSITION WILL APPEAR ON THE FORTHCOMING BALLOT TO BE MAILED TO ALL KIWIFRUIT GROWERS, RESPECTIVE OF DISTRICTS.

MEMBER NOMINEE:

NAME _____

ALTERNATE MEMBER NOMINEE:

NAME _____

Nominator's Comments: (use reverse side of form if more space is required)

NOMINATOR'S CERTIFICATION STATEMENT: I certify that I am currently a kiwifruit grower and that to the best of my knowledge, the above nominees are currently kiwifruit growers or employees of growers in this district.

Signature: _____

Name: _____ **Phone No.:** _____

Address: _____

PLEASE COMPLETE THE NOMINATION FORM AND RETURN IT IN THE ENCLOSED PRE-ADDRESSED ENVELOPE TO THE KAC. INCOMPLETE FORMS OR FORMS POSTMARKED LATER THAN _____ MAY BE INVALIDATED. PLEASE CALL THE KAC AT (559) 638-5951 IF YOU HAVE ANY QUESTIONS.

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DISTRICT CANDIDATES STATEMENTS

Candidate Name, Member Candidate, Seat 1

(Statement)

Candidate Name, Alternate Member Candidate, Seat 1

(Statement)

Candidate Name, Member Candidate, Seat 2

(Statement)

Candidate Name, Alternate Member Candidate, Seat 2

(Statement)