



ANNOUNCEMENT OF OPEN SEATS on the HASS AVOCADO BOARD

HASS AVOCADO PRODUCER MEMBERS & ALTERNATES

The Hass Avocado Board (HAB) announces the availability of four open producer seats on the Board of Directors, two member seats and two alternate member seats. Persons appointed to fill these seats will serve on the Board from November 1, 20xx to October 31, 20xx.

Growers who are interested in serving as a Member or Alternate Member of the Hass Avocado Board must complete and return the form provided below. Completed forms may be faxed or mailed, but must be received at the Hass Avocado Board office no later than Month xx, 20xx.

General requirements for nomination and election are as follows:

- To be eligible to serve on the Board as a producer member or alternate, or to be eligible to nominate persons other than themselves, producers must certify that they are engaged in the business of producing Hass avocados in the United States for commercial use, and that they own, or share in the ownership and risk of loss of such Hass avocados.

Following receipt of nominee names, HAB will conduct an election process to arrive at two names for each open seat. The names of those receiving the highest number of votes for the available seats will be submitted to the U.S. Secretary of Agriculture. The Secretary will make the final decision on who will be appointed to fill the open seats. For information, call HAB xxx-xxx-xxxx.

If you are an eligible producer and would like to be considered as a candidate for the Producer Member and/or Alternate seat, complete and sign the form below and return to the Hass Avocado Board.

By my signature I hereby certify that I meet the conditions of eligibility to serve on, or nominate a producer to serve on the Hass Avocado Board.

I am interested in being a: MEMBER
 ALTERNATE

Name (print) _____ Signature _____
Address _____ City _____ Zip _____
Grove Address _____ Zip _____
Telephone Number _____ Fax Number _____
E-mail Address _____

The HAB encourages industry representatives from diverse backgrounds to apply for open seats on the Board and strongly encourages women, minorities, and persons with disabilities to seek nominations. The HAB seeks to achieve diversity on its Board through representation of the demographics of the avocado industry. To help us measure progress toward that goal, we seek your assistance in providing the optional information printed below. This information will be used for data-gathering purposes only, and information on specific candidates who provide information will be kept confidential. **Note:** Your responses to the following questions are optional and are not required to process your nomination request. We appreciate your consideration.

Male ___ Female ___ Ethnicity: _____ (i.e. Caucasian, Hispanic, etc.) Disabilities: _____

Must be received in HAB office no later than Month xx, 20xx

**Return via FAX to: Hass Avocado Board, xxx-xxx-xxxx
or mail to: HAB Board Open Seats, Street, City, State Zip Code**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

STEP 4: Mail this ballot to (audit firm) in the return envelope provided **no later than Month xx, 20xx.**

ADDITIONAL VOTING INSTRUCTIONS

XX producer member and xx producer alternate member seats will be open for the November 1, 20xx to October 31, 20xx (3-year) term.

Voters who are eligible as *both* a producer and an importer must declare in writing prior to each election whether they will be voting as a producer or an importer. Please complete the form included in your packet and fax to HAB at xxx-xxx-xxxx.

Please cast your ballot for the nominees, OR WRITE IN THE PRODUCER NAME(S) OF YOUR CHOICE. If you choose to write in a candidate name, you must include their full name and contact information. Each Hass avocado producer is entitled to submit one ballot. If more than one ballot is submitted by the same producer, that producer's ballot will not be counted. An unsigned ballot or incomplete Certification Statement will disqualify the ballot.

Signed ballots must be returned to (audit firm) in the enclosed, prepaid, self-addressed envelope. Ballots must be received no later than close of business on Month xx, 20xx. Ballots received after that date will not be counted.

If you have any questions regarding the ballot, please contact HAB at xxx-xxx-xxxx.

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IMPORTANT NOTICE

Voters who are eligible as ***both*** a producer and an importer must declare in writing prior to each election whether they will be voting as a producer or an importer.

If you represent both Producer and Importer, please complete the following and fax to HAB at xxx-xxx-xxxx.

I will be voting as: (check one)

PRODUCER

IMPORTER

Name: _____

Signature: _____

If proper protocol is not followed, your vote could be disqualified.