



MUSHROOM COUNCIL

OMB No. 0581-0093

Nomination Form

To: **Mushroom Council**
Street
City, State Zip

My nomination(s) for candidate(s) in Region _____ are as follows:

1. _____

3. _____

2. _____

4. _____

From: I hereby certify that the company listed below produces over 500,000 pounds of mushrooms annually, on average, for fresh use.

Name: _____

Address: _____

Title: _____

Company: _____

Phone: _____

Signature: _____

Date: _____

See reverse for Burden Statement.

Mushroom Council
Street, City, State Zip
(xxx) xxx-xxxx (xxx) xxx-xxxx fax

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