



# 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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