



# ANNOUNCEMENT OF OPEN SEATS on the HASS AVOCADO BOARD

## HASS AVOCADO IMPORTER MEMBERS & ALTERNATES

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

**Importers 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 an importer member or alternate, or to be eligible to nominate persons other than themselves, importers must certify that they are involved in, as a substantial activity, the importation of Hass avocados for sale or marketing in the United States (either directly or as an agent, broker, or consignee of any person that produces Hass avocados outside of the United States for sale in the United States) and are subject to assessments under the Order, and are listed by the United States Customs Service as the importer of record for such Hass avocados. A substantial activity means that the volume of an importer's Hass avocado imports must exceed the volume of the importer's production or handling of domestic 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 at xxx-xxx-xxxx.

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

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

I am interested in being a:  **MEMBER**  
 **ALTERNATE**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ 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.

# HASS AVOCADO BOARD BOARD OF DIRECTORS ELECTION 20XX OFFICIAL IMPORTER BALLOT



**PLEASE FOLLOW THESE FOUR STEPS:**

1. Determine your voting eligibility
2. Sign your ballot (required) **DEADLINE TO RETURN YOUR BALLOT IS Month xx, 20xx**
3. Check the appropriate voting boxes
4. **Return ballot by Month xx, 20xx** **See reverse side for further information**

**VOTER ELIGIBILITY, CERTIFICATION AND VOTING INSTRUCTIONS**

**STEP 1:** In order to be eligible to vote, you must currently meet the definition of a Hass avocado importer: Under the Hass Avocado Promotion, Research and Information Order, 7 CFR Part 1219, an IMPORTER is defined as: Any person who imports Hass avocados into the United States. The term includes a person who holds title to Hass avocados produced outside of the United States immediately upon release by Customs, as well as any person who acts on behalf of others, as an agent, broker, or consignee, to secure the release of Hass avocados from Customs and the introduction of the released Hass avocados into the current of commerce and who is listed in the import records of Customs as the importer of record for such Hass avocados.

If you do not meet the criteria, check the box to the right and return your ballot without completing it.

**STEP 2:** If you are an eligible Hass importer, complete the certification and voting sections below.

I certify that I am an importer of Hass avocados in the United States.

\_\_\_\_\_  
Your legal or business entity name                      Signature                      Date

**UNSIGNED BALLOTS ARE INVALID AND WILL NOT BE COUNTED**

**STEP 3:** Vote for no more than xx (x) members and xx (x) alternates (including write-ins) by placing a check (✓) in the left column next to your preference. If you vote for more than two members or two alternates, your ballot will be disqualified. If you wish to vote for an importer whose name is not on the ballot, you may write the name of the person on the write-in line and check the appropriate space. Candidate statements are included in this election package.

Vote ✓	MEMBER NOMINEES	Vote ✓	ALTERNATE NOMINEES
			Write-in optional
			Write-in optional
	Write-in optional		
	Write-in optional		

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

### **ADDITIONAL VOTING INSTRUCTIONS**

XX importer member and xx importer 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 IMPORTER 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 importer is entitled to submit one ballot. If more than one ballot is submitted by the same importer, that importer'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.

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.

## **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.***