CALIFORNIA DATE ADMINISTRATIVE COMMITTEE

P.O. Box 1736 Indio, CA 92202-1736

Tel: (760) 347-4510 Fax: (760) 347-6374

NOMINATION FOR MEMBERSHIP

I,		
representing		(name of firm)
located at		
	\square Producer \square Producer-Handler (check the approxis) to serve as Producer or Producer-Handler representative (Committee):	
Name	Mailing Address	Phone Number
Signature:	Date:	
NOTE: Producers Producer-Handler nor	may only nominate Producer nominees. Producer-Haminees.	andlers may only nominate
to be valid. They ma	on forms must be received by the Committee no later that hay be mailed or faxed to the Committee at the address Service Center, 82-901 Bliss Avenue, Indio, CA.	

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