## 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		,
	☐ Producer ☐ Producer-Handler <i>(check thes)</i> to serve as Producer or Producer-Handler representate (Committee):	
Name	Mailing Address	Phone Number
Signature:	Date: _	
<b>NOTE:</b> Producers Producer-Handler non	may only nominate Producer nominees. Production	cer-Handlers may only nominate
to be valid. They ma	n forms must be received by the Committee no la ay be mailed or faxed to the Committee at the a Service Center, 82-901 Bliss Avenue, Indio, CA.	

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