

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAM

CONFIDENTIAL PRUNE MARKETING COMMITTEE NOMINEE QUESTIONNAIRE

The following information will be used by the Secretary of Agriculture to determine the eligibility and willingness of nominees to serve on the Prune Marketing Committee (Committee):

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_
Street, City, State, and Zip Code

Mailing Address: \_\_\_\_\_
(If same, so state) Street, City, State, and Zip Code

Telephone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_ Fax: \_\_\_\_\_

No. of years in the prune industry: \_\_\_\_\_ years. Are you a commercial producer of prunes? Yes [ ] No [ ]

Did you produce prunes during the current year? Yes [ ] No [ ] If yes, how many tons? \_\_\_\_\_ tons.
Conventional: \_\_\_\_\_ tons. Organic: \_\_\_\_\_ tons.

Are you a member of a Cooperative Marketing Association? Yes [ ] No [ ] If yes, give name of Cooperative; if not, give name of firm that handled your prunes:

Are you a prune handler, employee or officer of a prune handler? Yes [ ] No [ ] If so, give the following:

The name of the handler(s):

Your title or capacity: \_\_\_\_\_ No. of years experience in the position: \_\_\_\_\_
years
Tonnage of prunes handled by your firm during the current crop year: \_\_\_\_\_ tons.

Have you previously served on the Prune Marketing Committee? Yes [ ] No [ ] If yes, how many years: \_\_\_\_\_

When acting in my official capacity as a committee representative, I shall engage in only those activities that are authorized under the Prune Marketing Order. I also understand that the Committee cannot become involved in lobbying and political activities. I will serve as a member or alternate member on the Committee if selected by the Secretary of Agriculture.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If any part of this questionnaire does not apply, please indicate by stating "N.A." for non-applicable.)

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