

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 _____,
a Riverside County Producer Producer-Handler (check the appropriate category), nominate
the following person(s) to serve as Producer or Producer-Handler representative(s) for the California Date
Administrative Committee (Committee):

Name	Mailing Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

NOTE: Producers may only nominate Producer nominees. Producer-Handlers may only nominate Producer-Handler nominees.

Completed nomination forms must be received by the Committee no later than May __, 20__ in order to be valid. They may be mailed or faxed to the Committee at the address above, or delivered to the Committee at USDA Service Center, 82-901 Bliss Avenue, Indio, CA.

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