



MUSHROOM COUNCIL

Nomination Form

My nomination(s) for candidate(s) in Region _____ are as follows:

1. Name _____	2. Name _____
Company _____	Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

3. Name _____	4. Name _____
Company _____	Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

I hereby certify that the company listed below produces over 500,000 pounds of mushrooms annually, on average, for fresh use.

Name: _____	Address: _____
Title: _____	_____
Company: _____	Phone: _____
Signature: _____	Date: _____

See reverse for Burden Statement.

Return Completed form to: Mushroom Council
Street, City, State Zip
(xxx) xxx-xxxx (xxx) xxx-xxxx fax

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