

NOMINATION FORM

OMB No. 0581-0093

AMERICAN EGG BOARD — 20\_\_-20\_\_ TERM

AREA \_\_\_\_

Nomination for Member and Alternate: List first and second choice for member and alternate. Four separate names must be listed for the nomination schedule to be accepted.

**Member**

1<sup>st</sup> choice

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
City & State

2<sup>nd</sup> choice

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
City & State

**Alternate**

1<sup>st</sup> choice

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
City & State

2<sup>nd</sup> choice

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
City & State

Caucus Leader for next year (20\_\_): \_\_\_\_\_

\_\_\_\_\_

1-AEB

(Name)

(Organization)  
(OVER)

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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Member A

Alternate A

1<sup>st</sup> choice \_\_\_\_\_

1<sup>st</sup> choice \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
City & State

\_\_\_\_\_  
City & State

2<sup>nd</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
City & State

\_\_\_\_\_  
City & State

Member B

Alternate B

1<sup>st</sup> choice \_\_\_\_\_

1<sup>st</sup> choice \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
City & State

\_\_\_\_\_  
City & State

2<sup>nd</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
City & State

\_\_\_\_\_  
City & State

Caucus Leader for next year (20\_\_): \_\_\_\_\_

(Name)

(Organization)  
(OVER)

2-AEB

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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