UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

SPECIALTY CROPS PROGRAM

**CONFIDENTIAL CALIFORNIA WALNUT BOARD NOMINEE QUESTIONNAIRE**

**PUBLIC MEMBER/ALTERNATE**

The following information is needed and used by the Secretary of Agriculture to determine the eligibility and willingness of nominees to serve on the California Walnut Board (Board) under Federal Marketing Order No. 984. Failure to provide this information may hinder your selection by the Secretary.

1. Name:
2. (a) Residence:

 *(Street, City, State, and Zip Code)*

(b) Mailing Address: *(if same, so state)*

 *(Street, City, State, and Zip Code)*

(c) Telephone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Occupation – Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Organizations to which you belong \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you previously served on the California Walnut Board? □ Yes □ No; if yes, for how many years? \_\_\_\_\_
2. Are you a walnut grower? □ Yes □ No
3. Are you affiliated with a walnut handler (packer) as an employee, officer, director, or in any other capacity?

 □ Yes □ No

1. When acting in my official capacity as a Board representative, I shall engage in only those activities that are authorized under the walnut marketing order. I also understand that the Board cannot become involved in lobbying and political activities.
2. I hereby certify that I am willing to serve as a member or alternate member on the California Walnut Board if selected by the Secretary of Agriculture.

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

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