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		,
	Producer	
	to serve as Producer or Producer-Handler representative(s)) for the California Date
Administrative Commit	tee (Committee):	
Name	Mailing Address	Phone Number
Signature:	Date:	
NOTE: Droducore may	y only nominate Producer nominees. Producer-Handlers m	yay only nominato
Producer-Handler nomin	, ,	lay only nonlinate
	forms must be received by the Committee no later than Ma	
5 5	be mailed or faxed to the Committee at the address above,	or delivered to the
Committee at USDA Se	ervice Center, 82-901 Bliss Avenue, Indio, CA.	

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