



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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