



ALMOND BOARD OF CALIFORNIA INDEPENDENT GROWER PETITION

NOMINEE'S NAME

PHONE NUMBER

NOMINEE'S ADDRESS

CITY

STATE ZIP

EMAIL ADDRESS

HANDLER

Check appropriate box for nominee:

Almond Board Member

Position No. _____

Alternate

For term of office beginning August 1, 20____.

1)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

time required to complete this information collection is estimated to average 10 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.

ALMOND BOARD OF CALIFORNIA INDEPENDENT GROWER PETITION (Cont.)

2) _____
(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

3) _____
(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

4) _____
(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA
INDEPENDENT GROWER PETITION (Cont.)

5)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

6)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

7)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA
INDEPENDENT GROWER PETITION (Cont.)

8) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

9) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

10) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA
INDEPENDENT GROWER PETITION (Cont.)

11) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

12) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

13) _____
(Name, please print)

(Address)

_____ (City) _____ (State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA INDEPENDENT GROWER PETITION (Cont.)

14) _____
(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

15) _____
(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

NOTE: Petition must be signed by **at least 15** independent growers and received at the ABC office at 1150 9th Street, Suite 1500, Modesto, California, 95354 by April 1, 20_____.

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