

Hass Avocado Board

NOTICE

Please submit this form along with the Background Information documents.

Please indicate your interest in serving as board member and/or alternate by marking the boxes below and sign your name.

I am interested in being a

MEMBER

and/or

ALTERNATE

NAME _____
(Print)

SIGNATURE _____

DATE _____

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 6 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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