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## TART CHERRY NOMINATION PETITION FORM

## TO TART CHERRY PRODUCERS AND PROCESSORS:

If you are interested in submitting your name for nomination to the Board as a grower or handler member or alternate grower or handler member, please read the following information and submit the completed nomination petition form to the Board. The completed nomination petition form must be received by the Board no later than the close of business on $\qquad$ . If you know of any eligible individuals who might be interested in serving on the Board in the public member or alternate public member positions, please submit their names in the spaces provided.

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## CHERRY INDUSTRY ADMINISTRATIVE BOARD MEMBER AND ALTERNATE MEMBER POSITIONS

## INSTRUCTIONS FOR COMPLETING THE ATTACHED NOMINATION PETITION FORM

1. In the space provided. Indicate the District in which you wish to be nominated for representation on the Board.
a. District 1 - Northern Michigan: that portion of the State of Michigan which is north of a line drawn along the northern boundary of Mason County and extended east to Lake Huron. District 1 has
$\qquad$ grower member(s) and $\qquad$ handler member(s) plus the respective alternates.
b. District 2 -Central Michigan: that portion of the State of Michigan which is south of District 1 and north of a line drawn along the northern boundary of Allegan County and extended east to the state line. District 2 has $\qquad$ grower member(s) and $\qquad$ handler member(s)plus the respective alternates.
c. District 3 - Southern Michigan: that portion of the State of Michigan not included in Districts 1 and 2. District 3 has $\qquad$ grower member(s) and $\qquad$ handler member(s) plus the respective alternates.
d. District 4 - State of New York: District 4 has $\qquad$ .
e. District 5 - State of Oregon: District 5 has one member and one alternate member, both of whom may be either a grower or a handler.
f. District 6 - State of Pennsylvania: District 6 has one member and one alternate member, both of whom may be either a grower or a handler.
g. District 7-State of Utah: District 7 has $\qquad$ grower member(s) and $\qquad$ handler member(s) plus the respective alternates.
h. District 8 - State of Washington: District 8 has $\qquad$ grower member(s) and $\qquad$ handler member(s) plus the respective alternates.
i. District 9 - State of Wisconsin: District 9 has $\qquad$ grower member(s) and $\qquad$ handler member(s) plus the respective alternates.
2. Indicate all sales constituencies you are affiliated with.
a. The Board is prohibited by 7 C.F.R. § $930.20(\mathrm{~g})$ from seating multiple members who are affiliated with the same sales constituency within each district. A "sales constituency" is defined by the marketing order (7 C.F.R. § 930.16) "as a common marketing organization or brokerage firm or individual representing a group of handlers and growers" and not "an organization which receives consignments of cherries and does not direct where the consigned cherries are sold." The prohibition on seating multiple members affiliated with the same sales constituency applies to alternate members. The Board can seat only one member or alternate member affiliated with a single sales constituency per district, unless such a conflict is unavoidable and documented.
3. Indicate whether you went to be nominated as a grower member, alternate grower member, handler member, or alternate member.
a. Each grower member and each alternate grower member of the Board shall be a tart cherry grower or an officer or employee of a tart cherry grower in the district for which nominated or appointed.
b. Each handler member and each alternate handler member of the Board shall be a tart cherry handler or an officer or employee of a tart cherry handler who owns or leases and operates a tart cherry processing facility in the district for which nominated or appointed.
4. In the spaces provided: print your name, address, and telephone number.
5. Certify that you are willing to serve on the Board if elected by signing and dating the form.
6. DECLARATION OF SUPPORT This section must be completed by:
a. $\qquad$ ELIGIBLE GROWERS if you are being nominated to serve on the Board from Districts
$\qquad$ as a grower member or alternate.
b. $\qquad$ ELIGIBLE GROWERS if you are being nominated to some on the Board from District $\qquad$ as a grower member or alternate.
c. ONE ELIGIBLE HANDLER if you are being nominated to serve on the Board as a handler member or alternate. EXCEPTION: This requirement is waived if you are from a district where less than two handlers are eligible to vote.
7. PUBLIC MEMBER AND ALTERNATE PUBLIC MEMBER NOMINATIONS
e. Complete this section if you wish to nominate eligible individuals to the public member and/or alternate public member positions on the Board. You may complete this section whether or not you are nominating a grower or handler to serve on the Board. The public member and altemate public member of the Board shall be from the general public and are prohibited from having any financial interest in the tart cherry industry. There are no restrictions as to where the public member and alternate public member may reside.
8. The completed nomination petition form must be received by the CIAB no later than the close of business on $\qquad$ . Submit the form by mail or hand delivery, or by facsimile transmission to:

Cherry Industry Administrative Board 12800 Escanaba Drive, Suite A
DeWitt, MI 48820-0388

## UNITED STATES DEPARTMENT OF AGRICULTURE <br> AGRICULTURAL MARKETING SERVICE <br> SPECIALTY CROPS PROGRAM

# CHERRY INDUSTRY ADMINISTRATIVE BOARD <br> MEMBER AND ALTERNATE MEMBER <br> PUBLIC MEMBER AND ALTERNATE PUBLIC MEMBERS NOMINATION PETITION FORM 

(See attached instructions)

1. I hereby submit my name for nomination in District $\qquad$
2. Sales constituency (Please list all sales constituencies with which you do business. See Instruction 2 above for guidance):
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$\qquad$
$\qquad$
3. I hereby submit my name for nomination as a (please check one):

GROWER MEMBER
HANDLER MEMBER

ALTERNATE GROWER MEMBER
ALTERNATE HANDLER MEMBER $\square$
4.
(Print Name)
(Street Address) (City)
(State) (Zip Code) (Telephone Number)
5. I certify that I or my employer current produce or handler tart cherries in the district indicated above and that I am no petitioning for nomination to the Cherry Industry Administrative Board in any other district or capacity. If selected, I will faithfully serve on the Board and will, to the best of my ability, represent all growers and processors in the district indicated above.

## (Signature)

(Date)

## 6. DECLARATION OF SUPPORT

For nomination of a tart cherry grower: The undersigned certify to being tart cherry growers, including duly authorized officers or employees of growers of tart cherries who are also eligible to serve on the Cherry Industry Administrative Board.

For nomination of a tart cherry handler: The undersigned certifies to being a tart cherry handler, including a duly authorized officer or employee of a handler of tart cherries who is also eligible to serve on the Cherry Industry Administrative Board.

None of the undersigned may be the same individual named as the nominee in Section 3 on the reverse side of this form. Furthermore, the undersigned will only participate in the nomination process in the district indicated in Section 1 on the reverse side of this form, and will not participate in the process in any other district for the remainder of the current fiscal period, nor participate in any other district during the current election process. If the undersigned grow or handle tart cherries in more than one district, this petition constitutes notification to the Department and the Board that the undersigned will only participate in the district indicated in Section 1 on the reverse side of this form during the current nomination and election process.

NAME
SIGNATURE
ADDRESS

## 7. PUBLIC MEMBER AND ALTERNATE PUBLIC MEMBER NOMINATION

The following names are hereby submitted for consideration by the Board following the selection of its initial members for the positions of public member and alternate public member:

## PUBLIC MEMBER

Name $\qquad$ Name $\qquad$

Address $\qquad$ Address $\qquad$

City/St/Zip $\qquad$ City/St/Zip

Phone No. $\qquad$ Phone No. $\qquad$

This form must be received by $\qquad$

Mail, deliver or fax the completed form to:

Cherry Industry Administrative Board 12800 Escanaba Drive, Suite A, DeWitt, MI 48820-0388<br>Tel: 517-669-1070<br>Fax: 517-669-1260

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.


[^0]:    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 0581-0177. The time required to complete this information collection is estimated to average 20 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.

