



BALLOT FOR COOPERATIVE HANDLER MEMBERS

We hereby vote for the following nominees as member and alternate member of the Almond Board of California to represent the cooperative group of handlers for the term of office beginning August 1, 20__.

COOPERATIVE - HANDLER

Member Name	
Member Address	
Member Email	
Alternate Name	
Alternate Address	
Alternate Email	

I hereby certify that this cooperative handled for its own account, _____ pounds of almonds (kernel weight basis during the 20__-20__ crop year to December 31, 20__). This amount is line 11 of the Redetermination Report.

Name of Cooperative	
Address	
Signature	
Title	

Return to the Almond Board, 1150 9th Street, Suite 1500, Modesto, California, 95354, no later than _____, 20__.

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 OMB 0581-0178. The time required to complete this information collection is estimated to average 5 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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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.