CALIFORNIA DATE ADMINISTRATIVE COMMITTEE P.O. Box 1736

Indio, CA 92202-1736

Tel: (760) 347-4510 Fax: (760) 347-6374

NOMINATION FOR MEMBERSHIP

I,		
representing		(name of firm)
located at		
	☐ Producer ☐ Producer-Handler (check is) to serve as Producer or Producer-Handler reposittee (Committee):	
Name	Mailing Address	Phone Number
Signature:	Date	e:
NOTE: Producers m Producer-Handler nor	ay only nominate Producer nominees. Produce ninees.	er-Handlers may only nominate
to be valid. They may	n forms must be received by the Committee no be mailed or faxed to the Committee at the add Service Center, 82-901 Bliss Avenue, Indio, CA	dress above, or delivered to the

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