



# MUSHROOM COUNCIL

## Nomination Form

**My nomination(s) for candidate(s) in Region \_\_\_\_\_ are as follows:**

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ 4. Name \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby certify that the company listed below produces over 500,000 pounds of mushrooms annually, on average, for fresh use.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See reverse for Burden Statement.

**Return Completed form to:** Mushroom Council  
Street, City, State Zip  
(xxx) xxx-xxxx (xxx) xxx-xxxx fax

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