



2017 PRODUCER CANDIDATE STATEMENT

(Please Print or Type All Information)

NAME: _____

RESIDENCE ADDRESS & CITY: _____ ZIP _____

GROVE ADDRESS & CITY: _____ ZIP _____

TELEPHONE: (_____) _____ FAX: (_____) _____

E-MAIL ADDRESS: _____

STATEMENT OF QUALIFICATIONS:

The information contained on this form will be included with the ballots to inform growers about your qualifications. *Please limit your statement to the space provided, or no more than 300 words using 10-point font size.*

I declare under penalty of perjury that the foregoing is a complete, true and correct explanation of my qualifications. I understand that this form shall be reproduced and included with election information mailed to eligible voters.

SIGNATURE: _____ DATE: _____

FAX to: California Avocado Commission, 949-341-1970

MAIL to: CAC Board Vacancy, 12 Mauchly, Ste. L, Irvine, CA 92618

EMAIL to: Subject "CAC Board Vacancy" to aaymami@avocado.org