



HANDLER CANDIDATE STATEMENT

(Please Print or Type All Information)

NAME: _____

COMPANY NAME: _____

CAC BOARD SEAT PREFERRED: MEMBER ALTERNATE NO PREFERENCE

STATEMENT OF QUALIFICATIONS:

This form will be included with the ballots to inform growers about your qualifications. *Please limit your statement to the space provided.*

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: _____

SUBMIT COMPLETED FORM TO CAC VIA MAIL, FAX OR EMAIL

12 Mauchly, Suite L, Irvine, CA 92618-6305

FAX: (949) 208-3503 EMAIL AAYMAMI@AVOCADO.ORG