

**California Citrus Mutual
2020/2021 Director Nomination Form**

Candidate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile: _____

Grove Location (Circle One District): Fresno County & North Tulare County Kern County & South

VERIFICATION STATEMENT

I hereby express my willingness to serve as a Director of California Citrus Mutual (CCM). I am a member in good standing in accordance with the candidacy requirements outlined in Article VI of the CCM By Laws.

Signature: _____ Date: _____

We the undersigned, hereby endorse the nomination of the above-named party as a candidate for CCM Director to represent the _____ District on the 2020 ballot.

Name (Signature)

Address

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Completed Nomination Form must be received in the CCM office no later than August 15th 2020.