

2026 ALMOND BOARD OF CALIFORNIA INDEPENDENT GROWER PETITION

NOMINEE'S NAME

PHONE NUMBER

NOMINEE'S ADDRESS

CITY

STATE ZIP

EMAIL ADDRESS

HANDLER

Check appropriate box for nominee:

☐ Almond Board Member

Position No. _____

☐ Alternate

For term of office beginning August 1, 2026.

1)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0581-0178. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

ALMOND BOARD OF CALIFORNIA

INDEPENDENT GROWER PETITION (Cont.)

2)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

3)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

4)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA

INDEPENDENT GROWER PETITION (Cont.)

5)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

6)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

7)

(Name, please print)

(Address)

(City) (State, Zip)

(Handler)

(Signature)

ALMOND BOARD OF CALIFORNIA

INDEPENDENT GROWER PETITION (Cont.)

- 8) _____
(Name, please print)
- _____
- (Address)
- _____
- (City) (State, Zip)
- _____
- (Handler)
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- (Signature)
- 9) _____
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- (City) (State, Zip)
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- (Handler)
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- (Signature)
- 10) _____
- (Name, please print)
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- (Address)
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- (City) (State, Zip)
- _____
- (Handler)
- _____
- (Signature)

ALMOND BOARD OF CALIFORNIA

INDEPENDENT GROWER PETITION (Cont.)

- 11) _____
(Name, please print)
- _____
- (Address)
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- (City) (State, Zip)
- _____
- (Handler)
- _____
- (Signature)
- 12) _____
(Name, please print)
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- (Address)
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- (City) (State, Zip)
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- (Handler)
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- (Signature)
- 13) _____
(Name, please print)
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- (Address)
- _____
- (City) (State, Zip)
- _____
- (Handler)
- _____
- (Signature)

ALMOND BOARD OF CALIFORNIA

INDEPENDENT GROWER PETITION (Cont.)

14)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

15)

(Name, please print)

(Address)

(City)

(State, Zip)

(Handler)

(Signature)

NOTE: Petition must be signed by **at least 15** independent growers and received at the ABC office at 1150 9th Street, Suite 1500, Modesto, California, 95354 by April 1, 2026.

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