



NOMINATION FORM

for Milk Producers in Districts 2, 5, 8, 11, 14, 17, 20, and 23

The Milk Marketing Order requires an election of a portion of the marketing order board each year. This year the election will cover 8 districts. The terms of Directors in Districts 2, 5, 8, 11, 14, 17, 20 and 23 will expire in June, 2018.

Only affected producers are eligible to nominate or be nominated. "Affected producer" means an individual, partnership or other business entity in Wisconsin engaged in the production and sale of milk. Producers must reside in the district in which they are nominated. Each nomination shall be signed by five or more producers residing within the same district as the nominee. The nominee must sign the nomination form.

Nomination forms must be completed and postmarked on or before March 31, 2018, to be accepted by the Department. The Department will conduct the election May 2 through May 25, 2018.

DISTRICTS:

District 2 - Florence, Forest, Langlade, Marinette, Oconto and Vilas counties

District 5 - St. Croix, Dunn counties

District 8 - Marathon County

District 11 - Outagamie and Winnebago counties

District 14 - Jackson, LaCrosse and Trempealeau counties

District 17 - Calumet and Manitowoc counties

District 20 - Richland and Sauk counties

District 23 - Iowa and Lafayette counties



Department of Agriculture, Trade and Consumer Protection

Division of Agricultural Development

2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911

Nomination Form - Mail To: WDATCP, Market Orders, PO Box 8911, Madison, WI 53708-8911

(Please Print Clearly)

Person Nominated _____

Address _____ City _____ Zip _____

Telephone _____ County _____

District _____ Email Address _____

Signature of person nominated _____

NOTICE - Five producers must sign on reverse side of this form.



Nomination Signed by Five Other Milk Producers

Each nomination shall be signed by five or more affected producers residing within the same district as the nominee. We, the undersigned milk producers, being affected farmers, hereby nominate the person on this form for election to the Wisconsin Milk Marketing Board. Please print legibly.

Print Name	Address, City, Zip	County	Phone	Signature

AFFIDAVIT OF ELIGIBILITY

_____ (Name), being first duly sworn on oath, deposes and states as follows:

- I certify that I am an “affected producer” in the production of milk in Wisconsin and I, therefore, meet the qualifications for nomination as a Director to serve on the Wisconsin Milk Marketing Board. “Affected producer” means an individual, partnership, corporation or other business entity engaged as an owner or tenant in the production of milk within this state, and selling milk in commercial channels.
- I certify that I meet the criterion checked below, as specified in ch. 96, Wis. Stats., chs. ATCP 140 and ATCP 149, Wis. Adm. Code:
 - a. I am an individual directly engaged in the production and sale of milk in the state of Wisconsin.
 OR
 - b. I have the authority to run for the position of Director, as the sole individual representing an “affected producer” for purposes of holding a directorship on the marketing board, and I am doing so with the approval of said entity.
(Please specify the affected producer: corporation, partnership, limited liability company or other) _____
- I will notify the marketing board and DATCP immediately if, for any reason, the information I have attested to herein changes.

_____ (signature)

_____ (print name)

Subscribed and sworn to before me this ____ day of _____, 20____.

_____ (signature of notary)

_____ (print name of notary)

Notary public, State of Wisconsin

My commission expires _____

STATE OF WISCONSIN

COUNTY OF _____



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See Reverse Side