



Dairy Farmers of Wisconsin

# NOMINATION FORM

for Milk Producers in Districts  
3, 6, 9, 12, 15, 18, 21, and 24

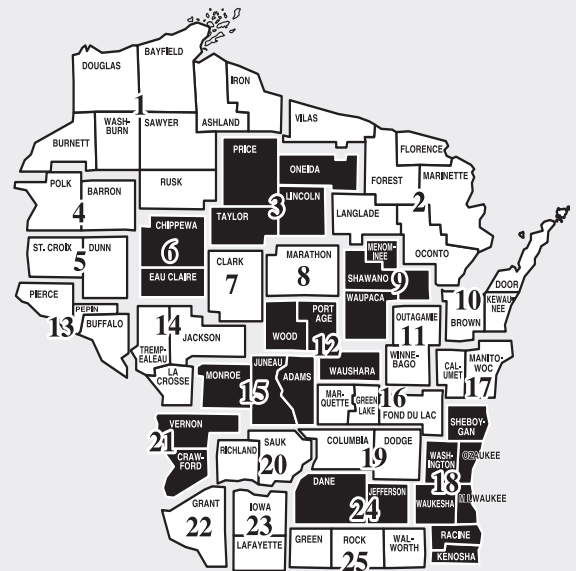
The Milk Marketing Order requires an election of a portion of the marketing order board each year. This year the election will cover eight districts. The terms of Directors in Districts 3, 6, 9, 12, 15, 18, 21 and 24 will expire in June, 2019.

Only affected producers are eligible to nominate or be nominated. "Affected producer" means an individual, partnership, corporation 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. Nominees require five or more nominations from other milk producers from within the district nominated. The nominee must sign the nomination form.

Nomination forms must be postmarked on or before March 30, 2019. The board member election will take place May 1 through May 24, 2019.

## DISTRICTS:

- District 3** - Lincoln, Oneida, Price and Taylor counties
- District 6** - Chippewa and Eau Claire counties
- District 9** - Shawano and Waupaca county
- District 12** - Portage, Waushara and Wood counties
- District 15** - Adams, Juneau and Monroe counties
- District 18** - Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Washington and Waukesha counties
- District 21** - Crawford and Vernon counties
- District 24** - Dane and Jefferson 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: DATCP, 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 Milk Marketing Board – Dairy Farmers of Wisconsin. 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:

1. 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 Milk Marketing Board – Dairy Farmers of Wisconsin. **“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.**

2. I certify that I meet the criterion checked below, as specified in ch. 96, Wis. Stats., chs. ATCP 140 and ATCP 144, 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) \_\_\_\_\_

3. 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**