



**Alberta
Barley**

ELECTION 2018: NOMINATION FOR DIRECTOR

Pursuant to the Alberta Barley Plan Regulation A/R 111/99, we, the undersigned, do hereby nominate:

_____, of
(PLEASE PRINT FULL NAME)

(PLEASE PRINT FULL ADDRESS)

for the position of Director of Region _____.

We declare that we are producers of barley and carry on production in the Region noted above. We further declare that we are eligible producers as defined by the Alberta Barley Plan Regulations (a producer who has paid a service charge under this Plan in one or more of the last three crop years).

1) _____
(PLEASE PRINT NAME) (MAILING ADDRESS)

(LOCATION OF PRODUCTION) (SIGNATURE)

2) _____
(PLEASE PRINT NAME) (MAILING ADDRESS)

(LOCATION OF PRODUCTION) (SIGNATURE)

3) _____
(PLEASE PRINT NAME) (MAILING ADDRESS)

(LOCATION OF PRODUCTION) (SIGNATURE)

4) _____
(PLEASE PRINT NAME) (MAILING ADDRESS)

(LOCATION OF PRODUCTION) (SIGNATURE)

5) _____
(PLEASE PRINT NAME) (MAILING ADDRESS)

(LOCATION OF PRODUCTION) (SIGNATURE)



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6)	_____	_____
	(PLEASE PRINT NAME)	(MAILING ADDRESS)
	_____	_____
	(LOCATION OF PRODUCTION)	(SIGNATURE)
7)	_____	_____
	(PLEASE PRINT NAME)	(MAILING ADDRESS)
	_____	_____
	(LOCATION OF PRODUCTION)	(SIGNATURE)
8)	_____	_____
	(PLEASE PRINT NAME)	(MAILING ADDRESS)
	_____	_____
	(LOCATION OF PRODUCTION)	(SIGNATURE)
9)	_____	_____
	(PLEASE PRINT NAME)	(MAILING ADDRESS)
	_____	_____
	(LOCATION OF PRODUCTION)	(SIGNATURE)
10)	_____	_____
	(PLEASE PRINT NAME)	(MAILING ADDRESS)
	_____	_____
	(LOCATION OF PRODUCTION)	(SIGNATURE)

This form must be signed by at least 10 eligible producers and sent to the Alberta Barley Commission office. The deadline for receipt of the original or a fax copy is 4:30 p.m. on Wednesday, October 31, 2018.

NOMINEE CONSENT

I, _____ (PLEASE PRINT), declare that I am an eligible producer according to the Alberta Barley Plan Regulation and consent to being nominated for the position of Director, as indicated above.

Please note: Nominee must be listed on the Alberta Barley Commission's list of eligible producers or must verify that they have paid a service charge under this Plan in one or more of the last three crop years.

_____	_____
(SIGNATURE)	(DATE)