

Wisconsin Milk Marketing Board Nomination Form

For Dairy Farmers in Districts 2, 5, 8, 11, 14, 17, 20, 23


Wisconsin's milk marketing order requires the election of one-third of the marketing board each year. Directors are elected to a three-year term of office, beginning July 1, 2012, through June 30, 2015.

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.

To be accepted by the department, nomination forms must have the Affidavit of Eligibility notarized and returned to the department, postmarked on or before February 24, 2012. The department will conduct the election from April 9 through April 28, 2012.

Districts up for election in 2012



District 2
Florence, Forest, Langlade, Marinette, Oconto, and Vilas Counties

District 5
Dunn and St. Croix Counties

District 8
Marathon County

District 11
Outagamie and Winnebago Counties

District 14
Jackson, La Crosse and Trempealeau Counties

District 17
Calumet and Manitowoc Counties

District 20
Richland and Sauk Counties

District 23
Iowa and Lafayette County

District 2
Florence, Forest, Langlade, Marinette, Oconto, and Vilas Counties

District 5
Dunn and St. Croix Counties

District 8
Marathon County

District 11
Outagamie and Winnebago Counties

District 14
Jackson, La Crosse and Trempealeau Counties

District 17
Calumet and Manitowoc Counties

District 20
Richland and Sauk Counties

District 23
Iowa and Lafayette County



Department of Agriculture, Trade & Consumer Protection

Division of Agricultural Development, 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911

NOMINATION FORM

(Nominees are encouraged to use Registered Mail when submitting completed nomination forms.)

Mail to: WDATCP, Attn: Noel Favia, Marketing Order Program, 2811 Agriculture Drive, Madison, WI 53718-8911
(PLEASE PRINT)

[Mr.] [Mrs.] [Ms.] _____

Farm/Business Name _____

Address _____ City _____ ZIP _____

County _____ Email Address _____

Home Phone _____ Cell Phone _____

WMMB District _____ Best time to contact you _____

Where did you hear about this election? _____

Nominee Signature _____

Nomination Signed by Five Dairy Producers (other than nominee)

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 producers, hereby nominate the person on this form for election to the milk marketing board.

Name (Please Print)	Address, City, ZIP	County	Phone	Signature

STATE OF WISCONSIN)
) ss.
COUNTY OF _____)

AFFIDAVIT OF ELIGIBILITY

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

- a. 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.
- b. 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:

- I am an individual directly engaged in the production and sale of milk in the state of Wisconsin. OR
- 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.

(specify the affected producer: corporation, partnership, limited liability company or other) _____

- c. 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 _____

