BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Beef

PERSONAL INFORMATION

NAME: ____________________________________________________________

ADDRESS: ________________________________________________________

COUNTY: ____________________________ FARM LOCATION: ______________

PHONE NUMBER: ______________________ CELL PHONE: ________________

EMAIL ADDRESS: __________________________________________________

INFORMATION

Are you a (Check one)
Beef producer _________ Number of head of Cattle __________
Dairy Producer _________ Number of cows milked ____________
Livestock Marketer _________ Number head marketed ____________

Other Agriculture Commodities produced ________________________________________________________________

COMMENTARY AND CERTIFICATION

Please provide a brief 50-word or less commentary stating why you think you or the person you are nominating would make a worthy candidate for membership on the Beef Commission.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

By signing below, I certify that I am an active beef producer, dairy producer, or livestock marketer

____________________________  __________________________
SIGNATURE DATE

Please e-mail to andy.harrison@agr.georgia.gov or fax to 404-656-9380, or mail to Georgia Department of Agriculture
19 MLK Jr. Dr. SW
Room 320
Atlanta, GA 30334