BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Blueberries

PERSONAL INFORMATION

NAME: ____________________________________________________________

ADDRESS: _______________________________________________________

COUNTY: _______________________________ FARM LOCATION: ________________

PHONE NUMBER: ____________________ CELL PHONE: ___________________

EMAIL ADDRESS: ___________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF BLUEBERRY OPERATION (ACREAGE): _________________

PERCENT OF INCOME FROM BLUEBERRY ACTIVITIES: ____________ %

NUMBER OF YEARS IN PRODUCTION OF BLUEBERRIES: ________________

OTHER COMMODITIES PRODUCED:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

BLUEBERRY/AGRICULTURE GROUP AFFILIATIONS AND POSITIONS HELD, IF ANY:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

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 Blueberry Commission.
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

By signing below, I certify that I am an active producer of Georgia Blueberries.

_________________________________________________  ______________________
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 324
Atlanta, GA 30334

ACC 16-02