BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Cotton

PERSONAL INFORMATION

NAME: ____________________________________________________________

ADDRESS: _______________________________________________________

COUNTY: ___________________________ FARM LOCATION: _______________

PHONE NUMBER: ___________________ CELL PHONE: __________________

EMAIL ADDRESS: _________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF COTTON OPERATION (ACREAGE): _________________

PERCENT OF INCOME FROM COTTON ACTIVITIES: ____________ %

NUMBER OF YEARS IN PRODUCTION OF COTTON: ___________________

OTHER COMMODITIES PRODUCED:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

COTTON/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 Cotton Commission.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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

_________________________________________________________ DATE

SIGNATURE

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

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