BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Milk

PERSONAL INFORMATION

NAME: ________________________________________________________________

ADDRESS: ___________________________________________________________

COUNTY: ___________________________ FARM LOCATION: __________________

PHONE NUMBER: ___________________ CELL PHONE: ____________________

EMAIL ADDRESS: ____________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF MILK OPERATION (# OF HEAD MILKED): _________________________________

PERCENT OF INCOME FROM MILK ACTIVITIES: ___________ %

NUMBER OF YEARS IN PRODUCTION OF MILK: ________________

OTHER COMMODITIES PRODUCED:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MILK/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 Milk Commission.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

____________________________________________________  _________________________
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

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