BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Peaches

PERSONAL INFORMATION

NAME: _____________________________________________________________

ADDRESS: _________________________________________________________

COUNTY: ___________________________ FARM LOCATION: ________________

PHONE NUMBER: ___________________ CELL PHONE: ___________________

EMAIL ADDRESS: ____________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF PEACH OPERATION (ACREAGE): ______________________

PERCENT OF INCOME FROM PEACH ACTIVITIES: __________ %

NUMBER OF YEARS IN PRODUCTION OF PEACHES: _______________________

OTHER COMMODITIES PRODUCED:

________________________________________________

________________________________________________

________________________________________________

PEACH/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 Peach Commission.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

_________________________________________________ ______________________
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