BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Pecans

PERSONAL INFORMATION

NAME: ________________________________________________________________

ADDRESS: _____________________________________________________________

COUNTY: ____________________  FARM LOCATION: ________________________

PHONE NUMBER: ____________________  CELL PHONE: ________________________

EMAIL ADDRESS: ______________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF PECAN OPERATION (ACREAGE): ________________________

PERCENT OF INCOME FROM PECAN ACTIVITIES: ___________ %

NUMBER OF YEARS IN PRODUCTION OF PECANS: _________________________

OTHER COMMODITIES PRODUCED:
_______________________________________________________________
_______________________________________________________________

PECAN/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 Pecan Commission.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________  __________________________
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