BOARD MEMBER NOMINATION FORM  
Georgia Agricultural Commodity Commission for Soybean

PERSONAL INFORMATION

NAME: ____________________________________________________________

ADDRESS: _________________________________________________________

COUNTY: ___________________________ FARM LOCATION: _______________________

PHONE NUMBER: _________________________ CELL PHONE: _______________________

EMAIL ADDRESS: ________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF SOYBEAN OPERATION (ACREAGE): __________________________

PERCENT OF INCOME FROM SOYBEAN ACTIVITIES: ____________ %

NUMBER OF YEARS IN PRODUCTION OF SOYBEAN: _________________________

OTHER COMMODITIES PRODUCED:
___________________________________________________________________________
___________________________________________________________________________

SOYBEAN/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 Soybean Commission.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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

_________________________________________________________  ______________________
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