BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Tobacco

PERSONAL INFORMATION

NAME: ________________________________________________________________

ADDRESS: ____________________________________________________________

COUNTY: ____________________________ FARM LOCATION: __________________________

PHONE NUMBER: ___________________ CELL PHONE: _______________________

EMAIL ADDRESS: _______________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF TOBACCO OPERATION (ACREAGE): ______________________

PERCENT OF INCOME FROM TOBACCO ACTIVITIES: ___________%

NUMBER OF YEARS IN PRODUCTION OF TOBACCO: _______________________

OTHER COMMODITIES PRODUCED: _______________________________________

_______________________________________________________________________

TOBACCO/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 Tobacco Commission.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

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

_________________________________________ __________________________
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