BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Vegetables

PERSONAL INFORMATION

NAME: ____________________________________________________________

ADDRESS: _________________________________________________________

COUNTY: ___________________________ FARM LOCATION: _________________

PHONE NUMBER: ____________________ CELL PHONE: _____________________

EMAIL ADDRESS: ____________________________________________________

PRODUCTION INFORMATION

APPROXIMATE SIZE OF VEGETABLE OPERATION (ACREAGE): _________________

PERCENT OF INCOME FROM VEGETABLE ACTIVITIES: __________ %

NUMBER OF YEARS IN PRODUCTION OF VEGETABLES: ___________________

OTHER COMMODITIES PRODUCED:
_________________________________________________________________
_________________________________________________________________

VEGETABLES/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 Vegetable Commission.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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

____________________________________________________  ______________
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