

**BOARD MEMBER NOMINEE INFORMATION**  
Agricultural Commodity Commission for Equine

**PERSONAL INFORMATION**

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ FARM OR RANCH LOCATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PRODUCTION INFORMATION**

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AVERAGE NUMBER OF EQUINES OWNED/MANAGED ANNUALLY: \_\_\_\_\_

PERCENT OF INCOME FROM EQUINES OPERATION/ACTIVITIES \_\_\_\_\_ %

NUMBER OF YEARS IN PRODUCTION/MANAGEMENT OF EQUINES \_\_\_\_\_

EQUINE/AGRICULTURE GROUP AFFILIATIONS AND POSITIONS HELD, IF ANY:

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In 50 words or less indicate why you think you or the person you are nominating would be a good board member for the Equine Commission.

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I certify that I am an active producer of equine. *Producer* is defined as "any person who owns one or more equines or is engaged within this state in the business of buying, selling, boarding, holding, training, breeding, riding, pulling vehicles with, or otherwise utilizing equines for similar purposes."

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SIGNATURE

**Please include a resume when submitting this form for nomination.**

Please e-mail to [fred.rayfield@agr.georgia.gov](mailto:fred.rayfield@agr.georgia.gov)