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 Vegetabless.

_____ _____

SIGNATURE DATE

Please e-mail to fred.rayfield@agr.georgia.gov
or mail to Georgia Department of Agriculture
19 MLK Jr. Dr. SW
Room 324
Atlanta, GA 30334

ACC 16-02