

BOARD MEMBER NOMINATION FORM
Georgia Agricultural Commodity Commission for Beef

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

COUNTY: _____ FARM LOCATION: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

INFORMATION

Are you a (Check one)

Beef producer	_____	Number of head of Cattle	_____
Dairy Producer	_____	Number of cows milked	_____
Livestock Marketer	_____	Number head marketed	_____

Other Agriculture Commodities produced _____

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 Beef Commission.

By signing below, I certify that I am an active beef producer, dairy producer, or livestock marketer

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 320
Atlanta, GA 30334