BOARD MEMBER NOMINATION FORM

Georgia Agricultural Commodity Commission for Cotton

PERSONAL INFORMATION	
NAME:	
ADDRESS:	
COUNTY:	FARM LOCATION:
PHONE NUMBER:	CELL PHONE:
EMAIL ADDRESS:	
PRODUCTION INFORMATION	
APPROXIMATE SIZE OF COTTON OPERATION (ACREAGE)	!:
PERCENT OF INCOME FROM COTTON ACTIVITIES:	%
NUMBER OF YEARS IN PRODUCTION OF COTTON:	
OTHER COMMODITIES PRODUCED:	
COTTON/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 Cotton Commission.	
By signing below, I certify that I am an active producer of Georgia cotton.	
Georgia Depa	DATE georgia.gov or fax to 404-656-9380, or mail to artment of Agriculture ALK Jr. Dr. SW

Room 324 Atlanta, GA 30334

ACC 16-02