

BOARD MEMBER NOMINEE INFORMATION
Agricultural Commodity Commission for Equine

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

COUNTY: _____ FARM OR RANCH LOCATION: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PRODUCTION INFORMATION

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:

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.

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."

SIGNATURE

Please include a resume when submitting this form for nomination.
Please fax to 404-586 1405 or e-mail to andy.harrison@agr.georgia.gov