

ENTRY FORM

GEORGIA BEEF EDUCATION FOR EXCELLENCE AWARD PROGRAM

(Please Print)

Name _____ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Position _____ Social Security No. _____

Telephone: Office () _____ Home () _____

My signature verifies that I am a paid-up member of GACAA and have read and understood the rules and certify that my entry meets those requirements.

My employment date was _____

Signature _____ Date _____

(I certify I am currently a member in good standing of GACAA)

Recipient must attend GACAA Annual Meeting/Professional Improvement Conference to receive award, unless exempted by GACAA President because of extenuating circumstances. (Established by GACAA Board action, November, 2008)

Include Entry Form, Four-Page Summary, and Letter from Supervisor in application package. Entries for the Award must be submitted by October 1.

Mail to: Georgia Cattlemen's Association
P. O. Box 11307
Macon, GA 31212