



## NORTHEAST TRAWL ADVISORY PANEL (NTAP) APPLICATION

The following application is designed to provide the Council with information on you and your background and interest in New England and Mid-Atlantic trawl fisheries. Your application will be provided to NTAP members and staff and will be kept in confidence. Please complete all sections; incomplete applications will not be accepted. Hand-written applications must be printed legibly to be considered.

Applications can be completed by any of the following methods.

- **Email** (recommended) a copy of the application to [hhart@mafmc.org](mailto:hhart@mafmc.org) (include "NORTHEAST TRAWL ADVISORY PANEL MEMBER" in the subject line).
- **Mail** the application below to Mid-Atlantic Fishery Management Council, 800 N. State Street, Suite 201, Dover, DE 19901 (write "NORTHEAST TRAWL ADVISORY PANEL MEMBER" on the envelope);

For additional information please visit [www.mafmc.org/ntap](http://www.mafmc.org/ntap).

### APPLICANT INFORMATION

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Street Address:</b>	
<b>City, State, Zip code:</b>	
<b>Telephone:</b>	
<b>Email Address:</b>	

## APPLICANT EXPERIENCE

**Please describe your experience related to NTAP.**

*(e.g. number of years, species fished, gear used, permits held, area fished, areas of research/study, organization of employment or educational institution, etc.) You may attach additional pages if needed.*

## CERTIFICATION

**By signing this application, I certify that the information I have provided below is true and correct.**

If you are filling this application out on a computer, you may type your name in the space below.

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Signature

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Date