



2019 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 scanned copy of the application to mseeley@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);

Completed applications must be submitted by **5:00 p.m. Friday, February 22, 2019.**

APPLICANT INFORMATION

Full Name:	
Date of Birth:	
Street Address:	
City, State, Zip code:	
Telephone:	
Email Address:	

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.

Signature

Date