



## 2021 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 <a href="mailto:msabo@mafmc.org">msabo@mafmc.org</a> (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, November 19, 2021.

## **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, oraanization
of employment or educational institution, etc.) You may attack	
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 m	
Signature	Date