



Application Form

Please provide the following information:

First Name:		Last Name:	
Vessel/Organization:			
Address:			
City:	State:	Zip:	
Telephone:		Fax:	
Cell:		Date of Birth:	
E-mail address:			

Are you currently actively fishing? Yes No

How did you hear about this program? If referred, by whom?

Are you a member of any conservation organizations or have any other affiliations? Yes No

If yes, please specify: _____

Which of the choices below best reflects your current interest in the fishery?

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial fisherman | <input type="checkbox"/> Vessel Owner/Operator | <input type="checkbox"/> Vessel Owner |
| <input type="checkbox"/> Recreational Fisherman | <input type="checkbox"/> Seafood Dealer | <input type="checkbox"/> Charter Captain |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Fisherman's Representative | <input type="checkbox"/> Other |

Where do you fish?

- | | | | | |
|-------------------------------------|--|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Carribbean | <input type="checkbox"/> Gulf of Mexico | <input type="checkbox"/> Mid-Atlantic | <input type="checkbox"/> New England | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Pacific Northwest | <input type="checkbox"/> South Atlantic | <input type="checkbox"/> Other | |

What fisheries are you most involved with currently?

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Coastal Migratory Pelagics (Mackerel) | <input type="checkbox"/> Conch | <input type="checkbox"/> Dolphin / Wahoo |
| <input type="checkbox"/> Golden Crab | <input type="checkbox"/> Reel Fish | <input type="checkbox"/> Snapper / Grouper |
| <input type="checkbox"/> Spiny Lobster | <input type="checkbox"/> Other | |

If there are other fisheries, please specify: _____

Do you currently hold a Federal or State fishing permit, license, or dealer license? Yes No

If yes, please list which permits/licenses: _____

What gear type do you currently fish with?

- | | | | | |
|--|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Hook & Line | <input type="checkbox"/> Trap / Pot | <input type="checkbox"/> Gillnet | <input type="checkbox"/> Longline | <input type="checkbox"/> Otter Trawl |
| <input type="checkbox"/> Pelagic Trawl | <input type="checkbox"/> Rod & Reel | | | |

What do you hope to learn in this workshop?

How might you apply this learning?

Please see www.gmri.org/mrep for workshop dates.

Please enter your preferred dates below or contact Patty Collins.

Please return this completed application to:

Patty Collins
Gulf of Maine Research Institute
350 Commercial Street
Portland, ME 04101

pcollins@gmri.org
Phone: (207) 228-1625
Fax: (207) 772-6855