

## Application Form

### Marine Resource Education Program West Coast Fisheries Region

Please provide the following information:

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

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

- Commercial fisherman       Recreational fisherman       Seafood Processing  
 Vessel Owner/Operator       Seafood Dealer       Seafood Retail  
 Vessel Owner       Charter Captain       Fisherman's representative  
 Bait/Tackle Manufacturing       Bait/Tackle Retail  
 Council member (specify region): \_\_\_\_\_  
 Other affiliation (please describe): \_\_\_\_\_

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

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Where do you fish?

- Federal Waters       State Waters       International- Eastern Pacific  
 International- Central Pacific       Washington       Oregon  
 N. California       S. California       Alaska       Other

What fisheries are you most involved with currently (check all that apply)?

- Sardine/Anchovy/Mackerel       Groundfish       Sablefish       Whiting  
 Salmon       Highly Migratory Species (HMS)       Shrimp  
 Spiny Lobster       Squid       Crab       Other: \_\_\_\_\_

What Federal/State permits do you currently hold?

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What gear types do you currently fish with (if applicable)?

- Hook and Line       Longline       Trap/pot       Bottom Trawl       Midwater Trawl  
 Shrimp Trawl       Rod & Reel       Purse sein/Round Haul       Harpoon       Gillnet  
 Other: \_\_\_\_\_

Return completed application to: Alexa M. Dayton, Gulf of Maine Research Institute, 350 Commercial Street, Portland ME 04101 or email [adayton@gmri.org](mailto:adayton@gmri.org)

**Please use the space below to answer the following questions:**

**1. What do you hope to learn in this workshop?**

**2. How might you apply this learning?**