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<tr>
<th>Name (Last, first, MI)</th>
<th>Telephone (home)</th>
<th>(business)</th>
<th>(fax)</th>
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Mailing Address:

E-mail Address:

If selected for the Community Demonstration Project Program Advisory Panel (CDPP-AP), what Western Pacific Island area would you represent?

- [ ] American Samoa  
- [ ] Commonwealth of the Northern Mariana Islands  
- [ ] Guam  
- [ ] Hawaii

Do you have knowledge and/or experience in:

- [ ] Traditional fishing practices?  
- [ ] Subsistence fishing?  
- [ ] Commercial fishing?

- [ ] Fishery or resource conservation and management?  
- [ ] Traditional or indigenous resource conservation and management?

- [ ] Community organizing or community development?  
- [ ] Federal grants process?

- [ ] Native or indigenous fishery rights initiatives?  
- [ ] Native or indigenous rights initiatives?

- [ ] Pacific Islands Archeology and/or Anthropology?

Do you have any affiliations with:

- [ ] Non-governmental organizations? (Name of organization)__________________________

- [ ] Academic organizations? (Name of organization)________________________________

- [ ] Community organizations? (Name of organization)________________________________

- [ ] Special interest or professional organizations? (Name of organization)____________

How many years have you been involved with Western Pacific Region fishing issues?_______

How many years have you been involved with Western Pacific Region traditional, cultural practices?_______

How many years have you been involved with Western Pacific Region community issues?_______
Why are you interested in becoming a member of the CDPP-AP (attach a separate sheet if necessary)?

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<th>Brief work history (You may attach a resume to this application if you have one and use a separate sheet if necessary):</th>
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The CDPP-AP meets at least once a year for a 2-3 day period on weekdays, is your schedule flexible enough to attend the meeting?  

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<th>Yes</th>
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<th>Are you willing to serve as a chairperson of this Advisory Panel?</th>
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<tr>
<th>Yes</th>
<th>No</th>
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</table>

Signature:  
Date:  

Please send completed application to:  
Executive Director, WPRFMC,  
1164 Bishop Street, Suite 1400  
Honolulu, Hawaii 96813