



ATLANTIC STATES MARINE FISHERIES COMMISSION

Horseshoe Crab/Shorebird Advisory Panel Nomination Form

This form is designed to allow stakeholders interested in the conservation and management of horseshoe crabs and their relationship to migratory shorebirds to nominate themselves or others to serve as non-traditional stakeholders on the Commission's Horseshoe Crab Advisory Panel. Completed forms will be reviewed by a subgroup of the Horseshoe Crab Management Board, which is tasked with providing recommendations to the Board for the reconfiguration of the Horseshoe Crab Advisory Panel. Please answer all questions that pertain to the nominee's experience. **In addition, a nominee's signature is required to verify the information provided. For nominations to be considered, forms should be submitted by 11:59 PM on June 27, 2025 to info@asmfc.org (subject line: HSC AP nominations).**

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Please provide the appropriate numbers where the nominee can be reached:

Phone: _____

Email: _____

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1. Is the nominee employed by an entity that conducts shorebird research, education, or advocacy?

yes _____ no _____

If "yes," please name the entity and explain the nominee's role.

If "no," please explain the nominee's experience related shorebirds.

2. How many years has the nominee worked or been interested in shorebird issues? _____ years

3. Is the nominee a member of any conservation, bird, or fishermen’s organizations/clubs?

yes _____ no_____

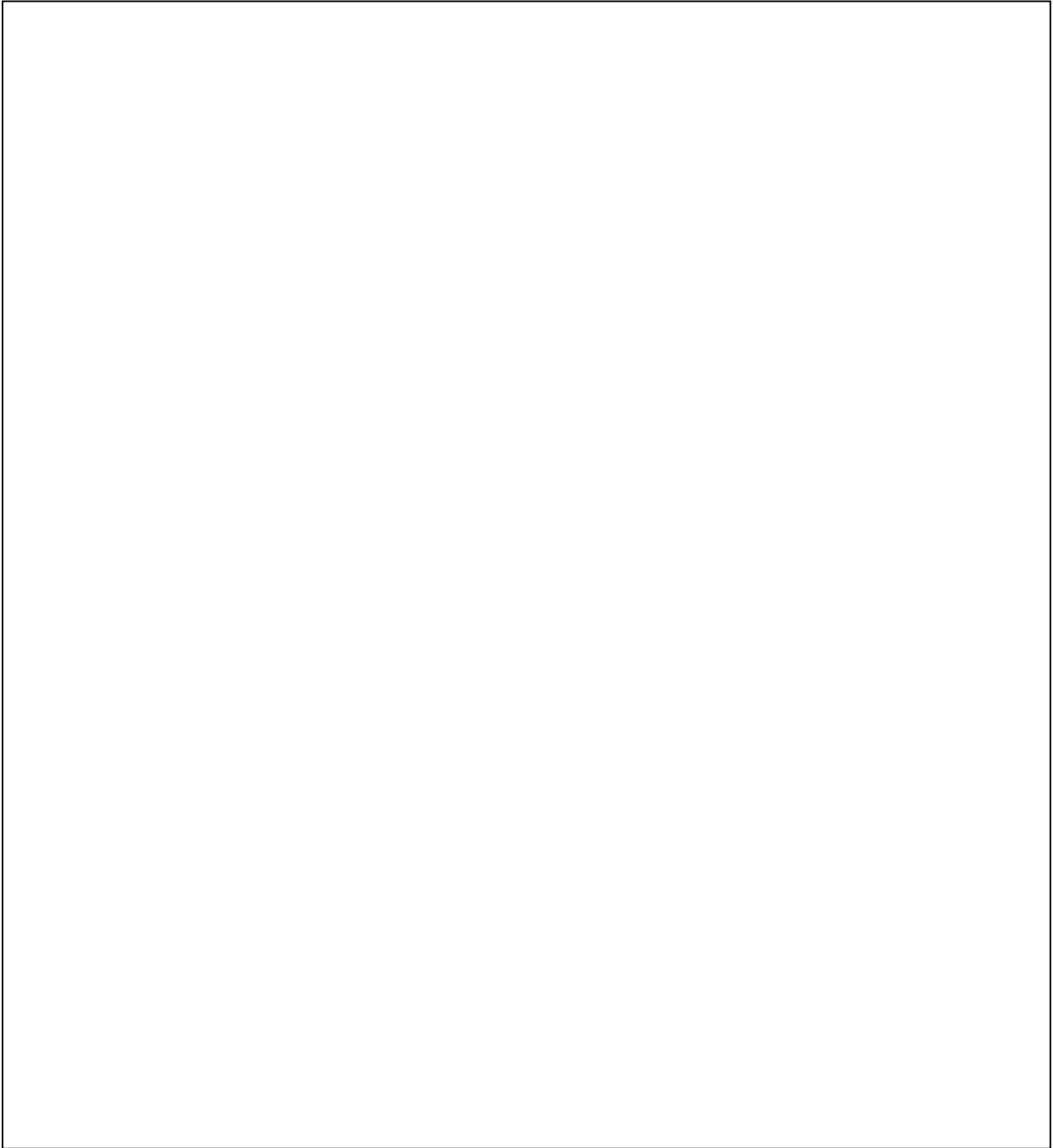
If “yes,” please list them below by name.

_____	_____
_____	_____

4. Is the nominee familiar with the horseshoe crab fishery, horseshoe crab management, and horseshoe crab interactions with shorebirds?

If “yes,” please explain.

5. In the space provided below, please tell us why you are interested in participating on this panel and why you would be a good fit. You may use as many pages as needed.



Nominee Signature: _____ Date: _____

Name: _____
(please print)