

# FISH AND GAME ADVISORY COMMITTEE MEMBER FORM

Alaska Department of Fish and Game, Boards Support Section

**Your Name:** \_\_\_\_\_

**Advisory Committee:** \_\_\_\_\_

**Date of Election:** \_\_\_\_\_ **For a term expiring 6/30/**\_\_\_\_\_

**Advisory Committee member you replaced:** \_\_\_\_\_

**The seat I was elected to (If known)**

Undesignated

Designated Community/User Group

Alternate

Specify: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone: Primary** \_\_\_\_\_ **Secondary** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Check activities in which you participate:**

**Check the box of your race and gender:**

<input type="checkbox"/>	1. Trapping	<input type="checkbox"/>	7. Guiding	<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	Female
<input type="checkbox"/>	2. Sport Fishing	<input type="checkbox"/>	8. Processing	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Male
<input type="checkbox"/>	3. Subsistence	<input type="checkbox"/>	9. Personal Use	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Unspecified
<input type="checkbox"/>	4. Hunting	<input type="checkbox"/>	10. Outdoorsperson	<input type="checkbox"/>	African-American	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5. Commercial Fishing	<input type="checkbox"/>	11. Assoc./Corp.	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6. Photography	<input type="checkbox"/>	12. Conservationist	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	

*The Alaska Department of Fish and Game receives federal funding, all of its public programs and activities are operated free from discrimination on the basis of race, color, national origin, age, or handicap. O.E.O, U.S. Department of the Interior, Washington, D.C. 20240*

Name/s of related organization/s and corporations to which you belong \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO YOUR REGIONAL COORDINATOR WITH THE BOARDS SUPPORT SECTION WITHIN 30 DAYS OF THE ELECTION OR YOUR ELECTION TO THE COMMITTEE MAY BE VOIDED. PLEASE CONTACT YOUR REGIONAL COORDINATOR OR THE BOARDS SUPPORT MAIN OFFICE AT 907-465-4110 FOR ADDITIONAL INFORMATION.**