



## Membership and Statement of Support for the Marine Fish Conservation Network

### The Network's Mission

*The Marine Fish Conservation Network is a coalition of commercial and recreational fishing associations, regional and national conservation groups, aquaria, and marine science organizations committed to sustaining fish populations, healthy marine ecosystems, and fishing communities.<sup>[SEP]</sup> The Network's goals are to maintain and strengthen the conservation and science-based management objectives of the Magnuson-Stevens Fishery Conservation and Management Act.*

*We are committed to ending overfishing, rebuilding fish populations and fostering a fisheries management system that protects vibrant marine ecosystems and the thriving local communities that depend on them.*

[Organization/Group/I/We] agree with the Marine Fish Conservation Network's Mission Statement and have reviewed the Network's reauthorization agenda and its vision for the Magnuson-Stevens Act and its activities on [www.conservefish.org](http://www.conservefish.org). On behalf of my organization, I/We support the Network's mission and agenda, and commit to actively advancing and promoting it.

[Organization/Group/I/We] agree to allow public use of [my/our] organization's name on Network publications and other public documents; to participate in Network activities and to work with the Network leaders and members to resolve any differences and policy challenges.

<b>Signature:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Title:</b> _____
<b>Organization:</b> _____	<b>Phone:</b> _____
<b>Street:</b> _____	<b>Fax:</b> _____
<b>City:</b> _____	<b>Email:</b> _____
<b>State, Zip:</b> _____	<b>Web:</b> _____

### Organizational Information

**Number of Individual Members:**

**Organizational Members:**

**Electronic Action Alert Capacity....** Yes ( ).... No ( ) If yes, would your organization be willing to distribute Network Action Alerts?:

**Social Media: Would you be willing to “share” MFCN’s positions, stories and action alerts?**

Facebook Page: Yes ( ) No ( ) Name:

Facebook Group(s): Yes ( ) No ( ) Name:

Twitter: Yes ( ) No ( ) Name:

Linked In: Yes ( ) No ( ) Name:

Other: Yes ( ) No ( ) Name:

**Newsletter:** Yes ( ).... No( ) If yes, please indicate format type:  
Electronic ( ) Print ( ) Available On Web Site ( )

**Additional Contacts:**

**Organization’s Priorities/Mission:**

**Additional Information You Would Like to Share with Network Members:**