



SURVEY REGISTRATION

Date of survey requested:

In order of your preference for this survey, enter a number beside the team position with '1' being the most preferred based on your qualification. You may choose more than one position:

<input type="checkbox"/>	PERMIT Team Leader	<input type="checkbox"/>	Team Leader
<input type="checkbox"/>	Assistant Team Leader	<input type="checkbox"/>	Photographer
Camera requires	<input type="checkbox"/> Film	<input type="checkbox"/> CF Digital Card	<input type="checkbox"/> SD Digital Card

If you will be at another address other than your home in the 2 weeks prior to the survey, enter THAT address.

Name: _____

Address: _____

City: _____

State/Zip: _____

New Address since last survey? YES NO

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Birth Date: _____

Height: _____ Weight: _____ Male: Female:

REGISTRATION DEADLINE
is 5 weeks prior to survey date of choice.

Please read all of the information below to determine your eligibility to participate in the survey you selected.
Fill in all blanks on this form.
Mail the completed form along with your check to:

TDP SURVEY REGISTRATION
3311 REGALWOODS DRIVE
DORAVILLE, GEORGIA 30340

You will be notified by email regarding your zone and team members.

SURVEY ELIGIBILITY:

- *Minimum age for participation in a TDP survey is 18 years.
- *All participants on the survey boat must be TDP members and complete training.
- *Space aboard survey vessels is limited, so mail your registration form early.
- *A signed LIABILITY RELEASE must accompany this registration if this is your first survey.

I have attended training today - date: _____ This will be my first survey

My last survey: _____ My position on my last survey: _____

Other positions I have held in the past 12 months: _____

SURVEY PREFERENCES

The priority when making survey assignments is to achieve scientific and practical objectives FIRST. Every attempt will be made to honor your request and/or location preference but there is no guarantee that either can be accommodated. Thank you for your understanding.

I volunteer to give up my spot on a TDP survey vessel, if needed, to allow a new member to be able to participate in this survey

I prefer to be assigned to this general location if possible. (If for some reason this is a necessity, please indicate such in the comments section below). **CIRCLE if applicable or leave uncircled**

HILTON HEAD

SAVANNAH

RICHMOND HILL

OTHER

Comments:

SURVEY FEES:

Team Leader Kit: **\$30** Refundable Deposit

Assistant Team Leader: **\$20**

Photographer: **\$20**

MEMBERSHIP

Membership dues and renewals are due annually. Your dues must be current to participate in this survey.

\$30.00 -INDIVIDUAL; \$20.00 -STUDENT; \$50.00 -FAMILY; \$250.00 -LIFE

New members should also include a completed membership application if joining TDP at this time.

PLEASE CHECK ALL THAT APPLY:

Team Leader Kit Deposit \$30.00 \$ _____

Survey Registration Fee \$20.00 \$ _____

Membership Dues (see categories above) \$ _____

OPTIONAL Tax-Deductible Donation \$ _____

This section must be completed:
EMERGENCY CONTACT
name _____
phone _____

CHECKS ONLY \$ _____

TOTAL

CODE of CONDUCT AGREEMENT

I understand that any physical interaction with, or other harassment of any marine mammal, including Atlantic Bottlenose Dolphins, is in violation of the Marine Mammal Protection Act (MMPA) of 1972 and its amendments to date. Any such violation, in addition to exposing me to criminal liability, can be detrimental to the dolphins and the scientific validity of the data collected. As a member of TDP participating in this survey, I pledge to have no physical interaction with wild dolphins or engage in any behavior defined or implied as harassment by the MMPA.

I understand that alcohol and unlawful substances are prohibited and shall not be possessed nor consumed on any vessel involved in TDP activities. All persons violating this policy are prohibited from participating on future vessels. To the best of my knowledge, the information provided on this form is complete and accurate.

Print Name: _____

Signature: _____

Date: _____

Acceptance of the CODE of CONDUCT MUST be signed. Unsigned forms will not be considered.

If this is your first survey, please include a signed Liability Release form with your registration.