

Association of State Floodplain Managers, Inc.

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2009 APPLICATION CHECK ONE: NEW RENEWAL Member/Partner ID # _____

Mr./Ms. _____ NAME _____ Professional Designation: _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____ WEBSITE _____

** News & Views and Insider are sent out electronically. ADD \$25 to your fee if you prefer to receive hard copies.*

PHONE _____ FAX _____

Member categories (DUES APPLY TO CALENDAR YEAR)

Only Individual Membership qualifies for CFM discounts* **2009
_____ Individual Member \$100
_____ Student (must be full time)..... \$25
_____ **HARD COPY NEWSLETTER** (add per membership)... \$25

Partner Categories (fill out one form for each contact)

_____ **Agency (2 contacts)**\$250
Corporate – includes web link! (fee depends on Company size)
_____ CP < 10 = with up to 10 employees (receive 1 contact) \$175
_____ CP < 100 = 11–100 employees (receive 2 contacts) \$350
_____ CP > 100 = 100 + employees (receive 4 contacts).....\$700
_____ **HARD COPY NEWSLETTER (Add per Contact)**.....\$25

Affiliation:

_____ Local Government
_____ State Government
_____ Regional Government
_____ Federal Government
_____ Private – Services
_____ Private – Products
_____ Academia
_____ Other _____

I am interested in these committees:

_____ Arid Regions (AR)
_____ Coastal Issues (CR)
_____ Flood Insurance (FI)
_____ Flood Mitigation (FMI)
_____ Floodplain Regulations (FR)
_____ Floodproof / Retrofit (FPR)
_____ International Liaison (IL)
_____ Mapping & Engineering Standards (ME)
_____ Natural & Beneficial Functions (NBF)
_____ No Adverse Impact (NAI)
_____ Professional Development (PD)
_____ Training & Outreach (TGO)
_____ Urban Stormwater Mgt. (USM)

Disciplines (check all that apply):

_____ Coastal Management
_____ Code Enforcement
_____ Community Rating System
_____ Emergency Management
_____ Engineering
_____ Environmental Mgmt.
_____ Hazard Mitigation
_____ Insurance
_____ Planning & Zoning
_____ Public Education
_____ Stormwater Management
_____ Water & Wastewater Systems
_____ Mapping
_____ GIS
_____ Other _____

Method of Payment:

_____ Check Enclosed – No. _____
_____ Please send invoice
_____ Purchase order enclosed P.O. Number _____
_____ Credit Card

Name on Card _____ Credit Card # _____

Expiration Date _____ Security Code (last 3 digits on back of card in signature line) _____

Signature _____ Zip Code of Cardholder _____

QUESTIONS? Please call the Executive Office at (608) 274 -0123