



Association of State Floodplain Managers

575 D'Onofrio Dr., Ste. 200, Madison, WI 53719 | 608-828-3000

www.floods.org | memberhelp@floods.org

RETIRED MEMBER APPLICATION – 2017

ASFPM's retired member status is available to members who have retired from employment in the field of floodplain management and are no longer actively working in floodplain management in any capacity. If you are a CFM, by this Application, you are automatically converting to CFM-retired if you have been an ASFPM member for at least 10 years. You cannot be a retired member and an active CFM.

MR. MS. NAME (F/M.I./L) _____ SUFFIX (ex. P.E., CFM) _____

HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE: _____ MOBILE PHONE: _____

PRIMARY EMAIL _____ 2nd EMAIL _____

ASFPM COMMITTEES: Please check the appropriate lines below to indicate your interest in any of our policy committees. By selecting the committees below you will be included in any email notices that are sent to that committee regarding current activities and items of interest.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Arid Regions | <input type="checkbox"/> Flood Insurance | <input type="checkbox"/> Mapping & Engineering | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Coastal Issues | <input type="checkbox"/> Flood Mitigation | <input type="checkbox"/> Natural & Beneficial Functions | <input type="checkbox"/> Training & Outreach |
| <input type="checkbox"/> International | <input type="checkbox"/> Flood Regulation | <input type="checkbox"/> Stormwater Management | |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> No Adverse Impact | <input type="checkbox"/> Nonstructural Floodproofing | |

Select Options (dues apply to the calendar year)

Retired Member \$30

I affirm that I am retired and no longer actively practicing in the floodplain management profession. _____ (Initial & Date)

OR

Retired Member w/ CFM-retired \$30

I affirm that I am retired and no longer actively practicing in the floodplain management profession. I also affirm I have at least 10 years individual membership with ASFPM and do qualify for the status, CFM-retired. The information for application purposes is, to the best of my knowledge, true and correct. Furthermore, should any part of the information herein provided by me be false, I recognize it may be a violation of the ASFPM Code of Ethics, which may be just cause for revocation, suspension or other disciplinary action against any membership issued to me by ASFPM. Once you are a CFM-retired, your CFM cannot be reinstated until you sit for the exam.

Signature

Date

HARD COPY NEWSLETTER.....\$40 (Optional)

Amount Due: _____

Method of Payment:

Check Enclosed -- # _____ (Payable to ASFPM)

Credit Card.....Credit Card # _____

Name on Card: _____ Exp. Date _____ Security Code _____

Return completed form and payment to:
ASFPM Membership, 575 D'Onofrio Drive, Ste. 200, Madison, WI 53719 | memberhelp@floods.org | FAX: 608-828-6319