



Association of State Floodplain Managers

575 D'Onofrio Dr., Ste. 200, Madison, WI 53719 | 608-828-3000 | www.floods.org | memberhelp@floods.org

LARGE CORPORATE PARTNER APPLICATION (> 100 Employees) - 2019

CORPORATION _____ CHECK ONE: NEW RENEWAL

OFFICE ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

OFFICE PHONE _____ WEBSITE: _____

Primary Discipline (select one):

- Administrative/Management
- Emergency Management
- Engineering
- Environmental Management
- Mitigation
- Outreach
- Planning
- Project Management
- Regulatory

Select Options (dues apply to the calendar year)

NOTE: Only [ASFP Individual Membership](#) qualifies for CFM discounts – All Staff gets Webinar discounts – 4 Contacts get Conference Discounts

- Corporate Partner > 100 employees (4 contacts)\$800
- HARD COPY NEWSLETTER (Add per Contact)\$40

Amount Due: _____

Method of Payment

- Check Enclosed -- # _____ (Payable to ASFP)
- Purchase Order Enclosed -- # _____
- Credit Card.....Name on Card: _____ Credit Card # _____
Exp. Date _____ Security Code _____
- Please send invoice



CORPORATION _____

Corporate Partner Contacts

CONTACT 1	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	CONTACT 2	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Name		Name	
Suffix (ex. P.E. CFM)		Suffix (ex. P.E. CFM)	
Title		Title	
Home Address		Home Address	
City / State / Zip		City / State / Zip	
Primary Address?	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	Primary Address?	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME
Office Phone		Office Phone	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Primary Email		Primary Email	
Email 2		Email 2	

CONTACT 3	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	CONTACT 4	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Name		Name	
Suffix (ex. P.E. CFM)		Suffix (ex. P.E. CFM)	
Title		Title	
Home Address		Home Address	
City / State / Zip		City / State / Zip	
Primary Address?	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	Primary Address?	<input type="checkbox"/> OFFICE <input type="checkbox"/> HOME
Office Phone		Office Phone	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Primary Email		Primary Email	
Email 2		Email 2	