



Association of State Floodplain Managers

8301 Excelsior Dr., Madison, WI 53717 | 608-828-3000 | www.floods.org | memberhelp@floods.org

LARGE CORPORATE PARTNER APPLICATION (>100 Employees) - 2020

CORPORATION _____ CHECK ONE: NEW RENEWAL

OFFICE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ WEBSITE: _____

Primary Discipline (select one):

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

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/Day Phone		Office/Day 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/Day Phone		Office/Day Phone	
Mobile Phone		Mobile Phone	
Primary Email		Primary Email	
Email 2		Email 2	

Select Options (dues apply to the calendar year) NOTE: Only ASFPM Individual Membership qualifies for CFM Exam and renewal

Discounts - All Staff get 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 - Payment is non-refundable

Check Enclosed -- # _____ (Payable to ASFPM) Purchase Order Enclosed -- # _____

Credit Card - Credit Card # _____ Exp. Date _____

Name on Credit Card _____ Security Code _____

Please email Invoice (payment due) Please email Receipt (payment made) to: _____

Return completed form and payment to:

ASFPM Membership, 8301 Excelsior Dr., Madison, WI 53717 | memberhelp@floods.org | FAX: 608-828-6319