



# Association of State Floodplain Managers

8301 Excelsior Dr., Madison, WI 53717 | 608-828-3000 | [www.floods.org](http://www.floods.org) | [memberhelp@floods.org](mailto:memberhelp@floods.org)

## SMALL CORPORATE PARTNER APPLICATION (1-10 Employees) - 2020

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

### Corporate Partner Contact

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

### Select Options (dues apply to the calendar year)

**NOTE: Only ASFP Individual Membership qualifies for CFM Exam and renewal discounts –**

**All Staff get Webinar discounts – 1 Contact gets Conference Discounts**

- Corporate Partner 1-10 employees (1 contact) .....\$200
- HARD COPY NEWSLETTER..... \$40

Amount Due: \_\_\_\_\_

### Method of Payment – Payment is non-refundable

Check Enclosed -- # \_\_\_\_\_ (Payable to ASFP)  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:  
ASFP Membership, 8301 Excelsior Dr., Madison, WI 53717 | [memberhelp@floods.org](mailto:memberhelp@floods.org) | FAX: 608-828-6319