



# Association of State Floodplain Managers

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

## STUDENT MEMBER APPLICATION – 2020

A student member is defined as a person enrolled in an accredited university or college with live classes pursuing a degree on a full-time basis as defined by the university or college, and not working as a full time employee.

**Enrollment Certification/Unofficial Transcript must be submitted annually to provide proof of eligibility.**

CHECK ONE:  NEW  RENEWAL MEMBER ID # (If known) \_\_\_\_\_

**Student Information**  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 \_\_\_\_\_

\* Your home address is required **Current Student Status (select one):**  
 FRESHMAN (Year 1)  JUNIOR (Year 3)  GRAD/PHD Not working yet  
 SOPHMORE (Year 2)  SENIOR (Year 4 or >4)

MAJOR \_\_\_\_\_ # CREDITS ENROLLED FOR PER SEMESTER: \_\_\_\_\_

UNIVERSITY NAME: \_\_\_\_\_

UNIVERSITY LOCATION (CITY, STATE): \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**ASFPM COMMITTEES:** Please check the appropriate boxes 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"/> Nonstructural Floodproofing | <input type="checkbox"/> Mapping & Engineering          | <input type="checkbox"/> Risk Comm & Outreach  |
| <input type="checkbox"/> Coastal Issues   | <input type="checkbox"/> Flood Regulation            | <input type="checkbox"/> No Adverse Impact              | <input type="checkbox"/> Stormwater Management |
| <input type="checkbox"/> Flood Insurance  | <input type="checkbox"/> Higher Education            | <input type="checkbox"/> Natural & Beneficial Functions |                                                |
| <input type="checkbox"/> Flood Mitigation | <input type="checkbox"/> International               | <input type="checkbox"/> Prof. Dev. & Continuing Ed     |                                                |

- ASFPM CHAPTERS:** *Are you currently a member of an ASFPM Chapter?*  YES  NO *If Yes, please check all that apply*
- |                                      |                                       |                                    |                                      |                                      |                                      |                                      |
|--------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> AK - NORFMA | <input type="checkbox"/> AL - AAFM    | <input type="checkbox"/> AR - AFMA | <input type="checkbox"/> AZ - AFMA   | <input type="checkbox"/> BC - MORFMA | <input type="checkbox"/> CA - FMA    | <input type="checkbox"/> CO - CASFM  |
| <input type="checkbox"/> CT - CAFM   | <input type="checkbox"/> FL - FFMA    | <input type="checkbox"/> GA - GAFM | <input type="checkbox"/> HI - FMA    | <input type="checkbox"/> IA - IFSMA  | <input type="checkbox"/> ID - NORFMA | <input type="checkbox"/> IL - IAFSM  |
| <input type="checkbox"/> IN - INAFSM | <input type="checkbox"/> KS - KAFM    | <input type="checkbox"/> KY - KAMM | <input type="checkbox"/> LA - LFMA   | <input type="checkbox"/> MD - MAFSM  | <input type="checkbox"/> MI - MSFA   | <input type="checkbox"/> MN - MnAFPM |
| <input type="checkbox"/> MO - MFSMA  | <input type="checkbox"/> MS - AFMM    | <input type="checkbox"/> MT - AMFM | <input type="checkbox"/> NC - NCAFPM | <input type="checkbox"/> NE - NeFSMA | <input type="checkbox"/> NJ - NJAFM  | <input type="checkbox"/> NM - NMFMA  |
| <input type="checkbox"/> NV - FMA    | <input type="checkbox"/> NY - NYSFSMA | <input type="checkbox"/> OH - OFMA | <input type="checkbox"/> OK - OFMA   | <input type="checkbox"/> OR - NORFMA | <input type="checkbox"/> PA - PAFPM  | <input type="checkbox"/> RI - RIFMA  |
| <input type="checkbox"/> SC - SCAHM  | <input type="checkbox"/> TN - TN AFPM | <input type="checkbox"/> TX - TFMA | <input type="checkbox"/> UT - UFSMA  | <input type="checkbox"/> VA - VFMA   | <input type="checkbox"/> WA - NORFMA | <input type="checkbox"/> WI - WAFSCM |
| <input type="checkbox"/> WV - WVFMA  |                                       |                                    |                                      |                                      |                                      |                                      |

**Select Options (dues apply to the calendar year) -** *This Student membership qualifies for CFM exam and renewal discounts in all state residences except for AR, IL, NM, NC, OK, and TX*

- Student Member: \$30  
 HARD COPY NEWSLETTER, Printed and mailed \$40  
 Amount Due: \_\_\_\_\_

### Method of Payment – Membership is non-refundable and non-transferrable

- Check Enclosed -- # \_\_\_\_\_ (Payable to ASFPM)  
 Credit Card – Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_ Security Code \_\_\_\_\_  
 Please email Receipt (payment made) to: \_\_\_\_\_

Enclose a copy of Enrollment Certificate/Unofficial Transcript to verify full time student status. Almost all Universities offer this free of charge.  
The above statements are true to the best of my knowledge. If/when I graduate or am no longer a full time student, I will notify ASFPM and ask to be renewed the following membership year as an Individual member.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Return completed form with a copy of Enrollment Certificate/Unofficial Transcript and payment to:  
ASFPM Membership, 8301 Excelsior Dr., Madison, WI 53717 | memberhelp@floods.org | FAX: 608-828-6319