



Association of State Floodplain Managers

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

2019 INDIVIDUAL MEMBER APPLICATION

CHECK ONE: NEW RENEWAL 5 DIGIT MEMBER ID # (if known) _____ NICK NAME or AKA NAME _____

MR. MS. NAME (First/M.I./Last) _____ TITLE _____

ORGANIZATION _____ SUFFIX (ex. P.E., CFM) _____

Affiliation (select one):

- Academia
- Federal Government
- Local Government
- Nonprofit Organization
- Other
- Private Organization
- State Government

Primary Discipline (select one):

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

Membership forms must be completed and received by ASFPM with payment by January 31 in order to be eligible to participate in ASFPM Board Elections (as a voter or nominee) for that membership year

OFFICE PHONE _____ EXT. _____ MOBILE PHONE _____

PRIMARY MAILING ADDRESS: OFFICE HOME HOME PHONE _____

OFFICE ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME ADDRESS* _____

CITY _____ STATE _____ POSTAL CODE _____

* Your home address is required for CFM Certification and voting privilege. You may add/change your home address at any time.

PRIMARY EMAIL _____ 2nd EMAIL _____

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 Flood proofing | <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 | | | | | | |

Member Category (dues apply to the calendar year) - *This Individual membership qualifies for CFM exam and renewal discounts*

- Individual Member \$160
 - HARD COPY NEWSLETTER, Printed and Mailed..... \$40
- Amount Due: _____

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

- 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) send Invoice/Receipt email to: _____

Return completed form and payment to:
ASFPM Membership, 8301 Excelsior Drive, Madison, WI 53717 | memberhelp@floods.org | FAX: 608-828-6319