



Association of State Floodplain Managers

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

RETIRED MEMBER APPLICATION – 2019

ASFPM's retired member status is available to members who have retired from employment in the field of floodplain management and are no longer actively working in floodplain management in any capacity. If you are a CFM, by this Application, you are automatically converting to CFM-retired if you have been an ASFPM member for at least 10 years. You cannot be a retired member and an active CFM.

MR. MS. NAME (F/M.I./L) _____ SUFFIX (ex. P.E., CFM-retired) _____

MEMBER NUMBER (if known) _____

HOME PHONE: _____ MOBILE PHONE: _____

HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

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 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)

Retired Member \$30

I affirm that I am retired and no longer actively practicing in the floodplain management profession. _____ (Initial & Date)

OR

Retired Member w/ CFM-retired \$30

I affirm that I am retired and no longer actively practicing in the floodplain management profession. I also affirm I have at least 10 years individual membership with ASFPM and do qualify for the status, CFM-retired. The information for application purposes is, to the best of my knowledge, true and correct. Furthermore, should any part of the information herein provided by me be false, I recognize it may be a violation of the ASFPM Code of Ethics, which may be just cause for revocation, suspension or other disciplinary action against any membership issued to me by ASFPM. Once you are a CFM-retired, your CFM cannot be reinstated until you sit for the exam.

Signature _____

Date _____

HARD COPY NEWSLETTER.....\$40 (Optional)

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, 575 D'Onofrio Drive, Ste. 200, Madison, WI 53719 | memberhelp@floods.org | FAX: 608-828-6319