		Dodplain Managers           00   www.floods.org   memberhelp@floods.org	
2024 INDI	VIDUAL MEM	BER APPLICATION	
CHECK ONE: NEW RENEWAL	MR. MS. NICK NAME	or AKA NAME	
NAME (First/M.I./Last)		TITLE	
ORGANIZATION		SUFFIX (ex. P.E., CFM)	
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 a received by ASFPM <u>with payment</u> by January 31 in order to be eligible to participate in ASFPM Board Elections (a voter or nominee) for that membership ye	s a
PRIMARY PHONE NUMBER: OFFICE			
OFFICE PHONE	EXT		
PRIMARY MAILING ADDRESS: OFFICE	E 🗌 HOME	HOME PHONE	
OFFICE ADDRESS			
		STATE POSTAL CODE	
HOME ADDRESS*			
		STATEPOSTAL CODE	
* Your home address is required for CFM Certification and voting privilege. PRIMARY EMAIL 2nd EMAIL (Will be used to contact you if the primary email bounces back to us) (Will be used to contact you if the primary email bounces back to us) ASEEM COMMITTEES: Please check the appropriate hoves below to indicate your interact in any of our policy committees. By selecting the			
PRIMARY EMAIL	2nd EMA	AIL	k to us)
committees below, you will be included in any Arid Regions Nonstr Coastal Issues Flood	email notices that are sent to that ructural Flood proofing M Regulation N Education N	your interest in any of our policy committees. By selecting committee regarding current activities and items of intere Mapping & Engineering Prof. Dev. & Con No Adverse Impact Risk Comm & O Natural & Beneficial Stormwater Mar Functions	est. ntinuing Ed putreach
CT - CAFM       FL - FFMA       GA         IN - INAFSM       KS - KAFM       KY         MN - MnAFPM       MO - MFSMA       MS         IMM - NMFMA       NV - FMA       NY	A - AFMA AZ - AFMA - GAFM HI - FMA - KAMM LA - LFMA - AFMM MT - AMFM - NYSFSMA OH - OFMA - TN AFPM <b>TX</b> - TFMA	YES       NO If Yes, please check all that apply         BC - NORFMA       CA - FMA       CO - CASFM         IA - IFSMA       ID - NORFMA       IL - IAFSM         MA - MassFM       MD - MAFSM       MI - MSFA         MC - NCAFPM       NE - NeFSMA       NJ - NJAFM         OK - OFMA       OR - NORFMA       PA - PAFPM         UT - UFSMA       VA - VFMA       WA - NORFM	
Member Category (dues apply to the calend	dar year) discou	s Individual membership qualifies for CFM exam and internet in all state residences except for AR, IL, NM, NC,	
Method of Payment – Payment is no	on-refundable and non-tran	nsferrable	
Check Enclosed #(P	ayable to ASFPM) 🛛 Purchase	• Order Enclosed #	
Credit Card – Credit Card #		Exp. Date	
		Security Code	
Please email Invoice (payment due)	lease email Receipt (payment mad	de) to:	
Return completed form and payment to: ASFPM Membership, 8301 Excelsior Drive, Madison, WI 53717   <u>memberhelp@floods.org</u>   FAX: 608-828-6319			