



Association of State Floodplain Managers

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

MEDIUM CORPORATE PARTNER APPLICATION (11-100 Employees) - 2024

CORPORATION _____ CHECK ONE: ☐ NEW ☐ RENEWAL

OFFICE ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

OFFICE PHONE _____ WEBSITE: _____

Primary Discipline (select one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative/Management | <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Mitigation | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Outreach | <input type="checkbox"/> Regulatory |

Corporate Partner Contacts

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

Select Options (dues apply to the calendar year)

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

All Staff get Webinar Discounts – any 2 Contacts get Conference Discounts

☐ Corporate Partner 11–100 employees (2 contacts)..... \$400

Method of Payment – Payment is non-refundable

☐ 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) to: _____

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