



Association of State Floodplain Managers

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

RETIRED MEMBER APPLICATION – 2024

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 submitting this application, your certification will revert to "CFM-Retired" status. You cannot be a retired member and an active CFM.

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

NICK NAME or AKA NAME _____

HOME PHONE: _____ Primary? ☐ MOBILE PHONE: _____ Primary? ☐

HOME ADDRESS* _____

CITY _____ STATE _____ POSTAL CODE _____

PRIMARY EMAIL _____ 2nd EMAIL _____

(Will be used to contact you if the primary email bounces back to us)

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"/> Prof. Dev. & Continuing Ed |
| <input type="checkbox"/> Coastal Issues | <input type="checkbox"/> Flood Regulation | <input type="checkbox"/> No Adverse Impact | <input type="checkbox"/> Risk Comm & Outreach |
| <input type="checkbox"/> Flood Insurance | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Natural & Beneficial | <input type="checkbox"/> Stormwater Management |
| <input type="checkbox"/> Flood Mitigation | <input type="checkbox"/> International | <input type="checkbox"/> Functions | |

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 - NORFMA | <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"/> MA - MassFM | <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. 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 retired member, your CFM cannot be reinstated until you sit for the exam.

Signature _____

Date _____

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