



Association of State Floodplain Managers

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

STUDENT MEMBER APPLICATION – 2024

A student member is defined as a person enrolled in an accredited university or college pursuing a degree on a full-time basis as defined by the university or college, and not working as a full time employee.
Enrollment Certification/Unofficial Transcript must be submitted annually to provide proof of eligibility.

CHECK ONE: ☐ NEW ☐ RENEWAL

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

HOME ADDRESS* _____

CITY _____ STATE _____ POSTAL CODE _____

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

PRIMARY EMAIL _____ 2nd EMAIL _____

* Your home address is required

Current Student Status (select one):

☐ FRESHMAN (Year 1)
☐ SOPHOMORE (Year 2)

☐ JUNIOR (Year 3)
☐ SENIOR (Year 4 or >4)

☐ GRAD/PHD Not working yet

MAJOR _____ # CREDITS ENROLLED FOR PER SEMESTER: _____

UNIVERSITY NAME: _____

UNIVERSITY LOCATION (CITY, STATE): _____ WEBSITE: _____

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 - 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) -

☐ Student Member: \$30

This Student membership qualifies for CFM exam and renewal discounts in all state residences except for AR, IL, NM, NC, OK, and TX

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

☐ Check Enclosed -- # _____ (Payable to ASFPM)

☐ Credit Card – Credit Card # _____ Exp. Date _____

Name on Credit Card _____ Security Code _____

☐ Please email Receipt (payment made) to: _____

Enclose a copy of Enrollment Certificate/Unofficial Transcript to verify full time student status. Almost all Universities offer this free of charge.

The above statements are true to the best of my knowledge. If/when I graduate or am no longer a full time student, I will notify ASFPM and ask to be renewed the following membership year as an Individual member.

Signature _____

Printed name _____

Date _____

Return completed form with a copy of Enrollment Certificate/Unofficial Transcript and payment to:
ASFPM Membership, 8301 Excelsior Dr., Madison, WI 53717 | memberhelp@floods.org | FAX: 608-828-6319