



Association of State Floodplain Managers

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

AGENCY PARTNER APPLICATION - 2020

AGENCY NAME _____ CHECK ONE: NEW RENEWAL

OFFICE ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

OFFICE PHONE _____ WEBSITE: _____

Affiliation (select one):

- Local Government
- State Government
- Federal Government
- Nonprofit Organization
- Academia
- Other

Primary Discipline (select one):

- Administrative/Management
- Emergency Management
- Engineering
- Environmental Management
- Mitigation
- Outreach
- Planning
- Project Management
- Regulatory

Agency 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 Phone		Office Phone	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Primary Email		Primary Email	
Email 2		Email 2	

Select Options (dues apply to the calendar year)

NOTE: Only ASFPM Individual Membership qualifies for CFM discounts – All Staff gets Webinar and Conference Discounts

- Government Agency (2 contacts)\$300
- HARD COPY NEWSLETTER (Add per Contact)\$40

Amount Due: _____

Method of Payment – Partnership 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) send Invoice/Receipt email to: _____

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