



# Association of State Floodplain Managers

8301 Excelsior Dr., Madison, WI 53717 | 608-828-3000 | [www.floods.org](http://www.floods.org) | [memberhelp@floods.org](mailto:memberhelp@floods.org)

## LARGE CORPORATE PARTNER APPLICATION ( > 100 Employees) - 2020

CORPORATION \_\_\_\_\_ CHECK ONE:  NEW  RENEWAL

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ WEBSITE: \_\_\_\_\_

### Primary Discipline (select one):

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

### Select Options (dues apply to the calendar year)

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

**All Staff gets Webinar discounts – 4 Contacts gets Conference Discounts**

- Corporate Partner > 100 employees (4 contacts) .....\$800
- 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: \_\_\_\_\_



CORPORATION \_\_\_\_\_

**Corporate Partner Contacts**

<b>CONTACT 1</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<b>CONTACT 2</b>	<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	

<b>CONTACT 3</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<b>CONTACT 4</b>	<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	