



Association of State Floodplain Managers

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MEDIUM CORPORATE PARTNER APPLICATION (11-100 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

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 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 Exam and renewal discounts –

All Staff gets Webinar discounts – 2 Contacts gets Conference Discounts

- Corporate Partner 11-100 employees (2 contacts)..... \$400
- 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: _____