

MARYLAND ASSOCIATION OF FLOODPLAIN AND STORMWATER MANAGERS

Membership Application and Renewal Form

Name: _____
Title: _____
Employer/Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Ext. _____
Fax: _____ Home and/or Cell (Opt): _____
E-mail: _____

Affiliation: Local Government State Government Federal Government
Private Academic Other

Nature of Duties: Engineering Mapping Planning Administration
Environmental Insurance Policy GIS Other

Committee Interests: Mapping & Technology Membership Mitigation Newsletter
Programs Public Outreach Stormwater Management

____ **New Member**
____ **Renewal**

Dues Schedule

November - November

Full Membership \$30 (Includes voting rights on Association issues)

Please email completed form to info@mafsm.org. Arrangements for payment will be made once the application is received.

For all inquiries please enter 'MAFSM Membership' in the subject line and send them to: info@mafsm.org