MAFSM 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 GovernmentPrivate | State GovernmentAcademic | Federal GovernmentOther |
| **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**