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 Government  Private | State Government  Academic | | Federal Government  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.**](mailto: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**](mailto:info@mafsm.org)