



MEMBER REGISTRATION

Name: Mr. Ms. Dr. _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

Are you an ASFPM Certified Floodplain Manager®? Yes No

Please indicate your interest in the following opportunities/issues:

- Natural & Beneficial Functions
- Floodplain Mapping & Regulations
- No Adverse Impact
- NFIP/CRS
- State/Local/National Policy
- Education/Outreach
- Training
- Networking/Conferences
- Leadership/Committees
- Website development
- Other _____

Annual membership is \$30

Please send this form with check payable to **WAFM**:
c/o Mary Lu Wetmore
2601 Havelock Court
Steilacoom, WA 98388

For more information and updates, please see our website: <http://piercecountywa.org/wafm>