



TENNESSEE ASSOCIATION OF FLOODPLAIN MANAGEMENT
MEMBERSHIP APPLICATION

Membership shall run from August 1st through July 31st. Fees are due by August 1st of each year.

Member 1: Last Name: _____ First Name: _____

Company/Organization/Jurisdiction that you represent: _____

Job Title: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

Member 2: Last Name: _____ First Name: _____

Job Title: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

_____ **\$25.00** – Individual Membership -- # of Memberships _____ x \$25 = \$ _____

_____ **\$10.00** – Student Membership (Proof of ID-Fulltime)

_____ **\$200.00** – Corporate Sponsorship (Does Not Include Individual Membership)

_____ Check Enclosed: payable to Tennessee Association of Floodplain Management or TNAFPM

Signature _____ Date _____

User Names for the website will be your email address. Once processed, a password will be sent to your email.

A membership list is available on the www.tnafpm.com website for members of the association.

Mailing Address:

TNAFPM
P.O. Box 1219
Covington, TN 38019-2377

Website: www.tnafpm.com

Chairman: Roger Lindsey
Vice Chair: Cindy Popplewell
Treasurer: William Veazey
Secretary: Thomas Skehan
East TN Rep: D. Stacy Morrison
Mid TN Rep: Thomas Brashear
West TN Rep: Christopher Pate
Ex-Officio: Amy J. Miller
Ex-Officio: Roy McClure

roger.lindsey@nashville.gov
cindy.popplewell@amec.com
tcplanning@bellsouth.net
tskehan@swtdd.org
stacy.morrison@tn.gov
tombrashear@wilsoncountyplanning.com
christopherpate@hotmail.com
amy.j.miller@tn.gov
roy.mcclure@fema.dhs.gov

ADDITIONAL MEMBERSHIPS

Member 3: Last Name: _____ First Name: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

Email: _____

Member 4: Last Name: _____ First Name: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

Email: _____

Member 5: Last Name: _____ First Name: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

Email: _____

Member 6: Last Name: _____ First Name: _____

Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Other Phone: () _____

Email: _____