



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: _____ Requested Website User Name: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Do you wish to share your contact information with other members online? _____ Yes _____ No

Member 2 (if Agency): Last Name: _____ First Name: _____

Job Title: _____ Requested Website User Name: _____

Email: _____

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

Do you wish to share your contact information with other members online? _____ Yes _____ No

_____ **\$25.00** – Individual Membership

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

_____ **\$40.00*** – Agency Membership (Includes Two Designated Voting Memberships: Members 1 & 2)
(See * on next page to add more than two members)

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

_____ Check Enclosed: **payable to Tennessee Association of Floodplain Management or TN AFPM**

I am interested in the following: (Check all that apply)

- _____ Training/Education _____ NFIP _____ Membership/Development
- _____ GIS/Mapping _____ Networking _____ Local Government FPM Requirements

Signature _____ Date _____

Mailing Address:
TN AFPM
P.O. Box 1219
Covington, TN 38019-2377

Website: www.tnafpm.com

Chairman: Alan M. Armstrong
Vice Chair: Sandra Knight
Treasurer: William Veazey
Secretary: Cindy Popplewell
East TN Rep: D. Stacy Morrison
Mid TN Rep: Thomas Brashear
West TN Rep: Thomas Skehan
Ex-Officio: Stanley Harrison
Ex-Officio: Roy McClure

razorback1@plansandmorellp.com
sknight@bradleycounty.net
teplanning@bellsouth.net
cindy.popplewell@amec.com
morrison_stacy@chattanooga.gov
tombrashear@wilsoncountyplanning.com
tskehan@swtdd.org
stanley.harrison@tn.gov
roy.mcclure@dhs.gov

ADDITIONAL AGENCY MEMBERSHIPS

***Additional Agency Members – Only Members 1 & 2 are Designated Voting Members.**

Member 3 (Add \$20): Last Name: _____ First Name: _____

Job Title: _____ Requested Website User Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____

Do you wish to share your contact information with other members online? _____ Yes _____ No

Member 4 (Add \$20): Last Name: _____ First Name: _____

Job Title: _____ Requested Website User Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____

Do you wish to share your contact information with other members online? _____ Yes _____ No

Member 5 (Add \$10): Last Name: _____ First Name: _____

Job Title: _____ Requested Website User Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____

Do you wish to share your contact information with other members online? _____ Yes _____ No

Member 6 (Add \$10): Last Name: _____ First Name: _____

Job Title: _____ Requested Website User Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____

Do you wish to share your contact information with other members online? _____ Yes _____ No