



GENERAL MEMBERSHIP APPLICATION

Please return with payment to: AMFM, P.O. Box 1305, Helena, Montana 59624-1305

Email: mtfloods@mtfloods.org

www.mtfloods.org

Check one: New Renewal

NAME: _____

PROFESSIONAL DESIGNATION(S): CFM PE PLS RS GISP Other _____

TITLE: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

EMAIL: _____ **WEBSITE:** _____

PHONE: _____ **FAX:** _____

- I AM INTERESTED IN:**
- | | | |
|---|--|--|
| <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Flood Insurance | <input type="checkbox"/> Surveying/Engineering Standards |
| <input type="checkbox"/> Permits & Enforcement | <input type="checkbox"/> Floodproofing/Retrofitting | <input type="checkbox"/> Urban Stormwater Management |
| <input type="checkbox"/> Floodplain Regulations | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Community Rating System (CRS) |
| <input type="checkbox"/> Education & Outreach | <input type="checkbox"/> GIS/Mapping | <input type="checkbox"/> Flood Hazard Mitigation |
| <input type="checkbox"/> "No Adverse Impact" | <input type="checkbox"/> Grants/Funding | <input type="checkbox"/> Water/Wastewater Treatment Systems |
| <input type="checkbox"/> Response & Recovery | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Hydrology & Hydraulics |
| <input type="checkbox"/> Geomorphic Processes | <input type="checkbox"/> Training/Workshops | <input type="checkbox"/> National Flood Insurance Program (NFIP) |
| | <input type="checkbox"/> Natural & Beneficial Functions of Riparian Areas & Wetlands | |

MEMBERSHIP DUES: Member..... \$25
 Student (full time)..... \$15
 (Dues applicable to calendar year)

METHOD OF PAYMENT: Check enclosed # _____ (payable to AMFM)
 Purchase order enclosed # _____
 (Sorry, credit/debit cards not accepted at this time)

SIGNATURE: _____ **DATE:** _____

“Ensuring the Responsible Management of Montana Floodplains Through Communication, Cooperation, and Education”