

## **MAFSM Membership Application and Renewal Form**

Name:								
Title:								
Address:								
			State:			Zip:		
Work Phone:			Ext					
Fax:	x:			Home and/or Cell (Opt):				
E-mail:								
Affiliation:	Local Government Private		State Government Academic		Federal Government Other			
Nature of Duti		ngineering nvironmental	Mapping Insurance	Plannin Policy		Admini GIS		
Committee Interests: Mapping & Tec			chnology Memb		rship	Mitigation		
	Newsletter Progr		rams Public Ou		Outreach	utreach Stormwater Managemen		ment
New Mer Renewal								
November - No	vembe	er						

Please email completed form to info@mafsm.org. Arrangements for payment will be made once the application is received.

Full Membership \$30 (Includes voting rights on Association issues)

For all inquiries, please enter 'MAFSM Membership' in the subject line and send them to: info@mafsm.org