



**Indiana Association for Floodplain and Stormwater Management, Inc.**

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**Annual Membership Application/Renewal**

*Valid through 12/31/08*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Credentials: (i.e. PE, CFM, etc.) \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**NOTE: Your e-mail address is critical! INAFSM's primary mode of correspondence is via e-mail.**

**Affiliation (check one):**

Local Government	State Government	Federal Government
Consultant	Academia	Student
Private individual	Manufacturing/Supplier	Other

- I am interested in joining:
- Stormwater Management Committee
  - Stormwater Quality Subcommittee
  - Floodplain Management Committee
  - Legislative Committee
  - Outreach/Newsletter Committee
  - Awards Committee
  - Annual Conference Committee
  - Other (please specify) \_\_\_\_\_

**Please make \$30 Annual Membership fee payable to INAFSM.**

Donations will also be accepted and greatly appreciated.

**Questions** may be directed to Unique Dahl, (317) 536-6721 or [info@inafsm.net](mailto:info@inafsm.net)