



**TENNESSEE ASSOCIATION OF FLOODPLAIN MANAGEMENT**  
**MEMBERSHIP APPLICATION**

Membership shall run from August 1<sup>st</sup> through July 31<sup>st</sup>. Fees are due by August 1<sup>st</sup> 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** – One Individual Membership  
\_\_\_\_\_ Multiple Individual Memberships -- # of Memberships \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

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

\_\_\_\_\_ Check Enclosed: payable to Tennessee Association of Floodplain Management or TN AFPM

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address:

**TN AFPM**  
**P.O. Box 1219**  
**Covington, TN 38019-2377**

Website: [www.tnafpm.com](http://www.tnafpm.com)

Chairman: Roger Lindsey  
Vice Chair: Cindy Poplewell  
Treasurer: William Veazey  
Secretary: Jeffrey Shaver  
East TN Rep: David McGinley  
Mid TN Rep: Thomas Brashear  
West TN Rep: John Modzelewski  
Ex-Officio: Amy J. Miller  
Ex-Officio: Tamara Hansen

[roger.lindsey@nashville.gov](mailto:roger.lindsey@nashville.gov)  
[cindy.poplewell@woodplc.com](mailto:cindy.poplewell@woodplc.com)  
[tcplanning@bellsouth.net](mailto:tcplanning@bellsouth.net)  
[jshaver@cecinc.com](mailto:jshaver@cecinc.com)  
[dmcginley@knoxvilletn.gov](mailto:dmcginley@knoxvilletn.gov)  
[brasheart@wilsoncountyttn.gov](mailto:brasheart@wilsoncountyttn.gov)  
[jcmod@aol.com](mailto:jcmod@aol.com)  
[amy.j.miller@tn.gov](mailto:amy.j.miller@tn.gov)  
[tamara.hansen@fema.dhs.gov](mailto:tamara.hansen@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: \_\_\_\_\_