



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: _____

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

Chairman: Roger Lindsey
Vice Chair: Cindy Popplewell
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

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tcplanning@tiptonco.com
jshaver@cecinc.com
dmcginley@knoxvilletn.gov
brasheart@wilsoncountyttn.gov
jcmod@aol.com
amy.j.miller@tn.gov
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: _____