NEW MEXICO
CERTIFIED FLOODPLAIN MANAGER PROGRAM

CFM® RENEWAL APPLICATION

APPLICANT INFORMATION (Please print clearly)

_____
Last Name First Name Middle Initial

_____
Name to appear on Certificate if different from above

Employer _____

Job Title _____ Years of FPM experience _____

Professional Mailing Address _____

City/State/Zip _____

Telephone Work (_____) _____ Home (_____) _____

Cell (_____) _____ E-mail_____

Home Mailing Address _____
_____

City/State/Zip _____

Describe any changes in your employment status or job responsibilities _____

_____

_____

Provide the following:
_____Completed Renewal Application (This form)
_____$150 Nonmember Renewal Fee **OR** $25 NMFMA Member Renewal Fee
_____Decertification Acknowledgement Form
_____Proof of Continuing Education Credits (if requested)
_____$25 Late Renewal Fee (if applicable)

Signature: _____Date: _____

INVOICE

RENEWAL FEE: ___ $150 Non-Member ___ $25 NMFMA Member ___$25 Late Fee

Payment Amount: _____ **Check # or Online** _____

Mail to: NMFMA Certification Board, PO Box 1235, Las Cruces, NM 88004