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 (____) _____

Fax (____) _____ 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
_____Proof of Continuing Education Credits (if requested)
_____$25 Late Renewal Fee (if applicable)

Signature: _____ **Date:** _____

INVOICE

FEE: _____ $150 Non-Member _____ $25 NMFMA Member _____ $25 Late Renewal

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

Mail to: NMFMA Certification Board, PO Box 3924, Roswell, NM 88202