



Please keep a copy of this application for your receipt.

2010 CASFM MEMBERSHIP APPLICATION

Membership in the Colorado Association of Stormwater and Floodplain Managers (CASFM) is based on a calendar year (January - December 2010). To join the CASFM organization, please complete all relevant information on this application and submit the completed application with your membership fee. All 2009 memberships expire on December 31, 2009. All members in good standing receive benefits including quarterly newsletters, discounts at conferences and workshops, etc.

New Membership

- 1. If you are a **new** member, please complete all the information below and send it along with the membership fee to the address in the box below.
 - a. If there is more than one new member, please complete membership information for each member on the attached pages and send completed pages along with the membership fee to the address in the box below.

Renew Membership

- 1. If you are **renewing** your membership, please check the CASFM website, www.casfm.org, to verify the accuracy of your company's information and company members.
 - a. If the website information is **correct**, please check this box . (If the website information is correct, simply complete and include this first page of the membership application and send it along with the membership fee to the address in the box below. There is no need to duplicate each member's information on the attached pages.)
 - b. If the website information is **incorrect**, simply print out and make any corrections or additions to the website information, complete this first page of the membership application form and send all completed information along with the membership fee to the address in the box below. **(For your convenience, if you print out the information from the CASFM website to make changes and additions, it is unnecessary to duplicate the information by completing each member's information on any of the attached pages)**

Employer/Agency: _____

Mailing Address: _____

City, State, Zip: _____

Name of Primary Contact Person for Corporation or Agency: _____

Primary Contact's E-mail Address: _____

Type of membership: **When signing up for a Corporate or Agency Membership, it is to your company's advantage to include at least five company individuals, but not more than ten company individuals as members. Need more than ten members? Just add \$20 apiece.*

- Individual--\$30 Student--\$10 *Corporate--\$200 *Agency--\$200

Payment Information:

Credit card \$ _____ (complete all information below) Check enclosed \$ _____ (payable to CASFM)

Select credit card type:

AE Discover MC Visa

Card Number _____

Expiration Date _____

Name as it appears on card: _____

E-mail address for receipt: _____

Please mail this application form with payment to:
Barbara Meier
2319 Shadow Ct.
Loveland CO 80538
[970-669-8069]

Or, if you prefer, send credit card payments to:
FAX: 970-622-0694
E-mail: casfmMemberships@comcast.net

Member #1

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

- Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #2

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #3

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #4

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #5

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #6

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #7

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #8

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #9

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #10

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

******When signing up for a Corporate or Agency Membership exceeding 10 individuals, please remember to include \$20 apiece for each individual over the first 10.******

Member #11

Name: _____ PE PH CFM CPESC

Address: _____ Home Business

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #12

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #13

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #14

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #15

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #16

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #17

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #18

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #19

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #20

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

Member #21

Name: _____ PE PH CFM CPESC
 Address: _____ Home Business
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Please check below if member would like to participate on the following committee(s):

Floodplain Stormwater Quality Outreach Scholarship Training CRS

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