



# Application for LFMA Membership

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firm\Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Interest in floodplain management:  Community Floodplain Manager

Lender  Insurance Agent  Consultant  Realtor  Engineer

Surveyor  Education  Architect  Other \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>Type of membership</u>	<u>Fee</u>
_____ Full membership	\$30.00
_____ Student Member	\$20.00

Enclose your check made payable to:  
LFMA  
P O Box 64725  
Baton Rouge, LA 70896