



# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<i><u>Type of membership</u></i>	<i><u>Fee</u></i>
____ <b>Full membership</b>	<b>\$30.00</b>
____ <b>Student Member</b>	<b>\$20.00</b>

*Enclose your check made payable to:*

LFMA  
P O Box 64725  
Baton Rouge, LA 70896