

OFMA MEMBERSHIP APPLICATION

Please print this form and include it with your payment to:

Oklahoma Floodplain Managers Association, Inc.
 P.O. Box 8101
 Tulsa, OK 74101-8101

Name: _____

Organization: _____

Title: _____

Mailing Address: _____

Office Telephone: () _____

Fax Number: () _____

Email Address: _____

Committee – **Circle One** Mitigation Mapping Legislation
 Certification Education Conference
 Membership Disaster Response

New Member _____ Renewal _____

DUES SCHEDULE:

Fiscal year is October 1 – September 30.

Membership Type	Dues
Full Membership	\$50.00
Agency Membership*	\$75.00
Corporate Sponsor*	\$100.00

* Plus \$10.00 per employee designated by the agency or Sponsor.