OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC.
MEMBERSHIP APPLICATION

Please print this form and include with your payment to:

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

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

_____ _____ _____
City State Zip

Phone: Office: _____ Fax: _____

Email Address: _____

Committee: **Circle One:** PDCCC DRT Outreach Finance

Community Support Insurance & Regulatory Affairs

DUES SCHEDULE:
Fiscal Year is October 1 – September 30.

	Membership Type:	**Dues:**
___	Full Membership	$50.00
___	Agency Membership*	$75.00
___	Corporate Sponsor*	$150.00

* Plus $10.00 per employee designated by the Agency or Sponsor