

naiop.org

Mr Ms Mrs Dr Prof

NAME (First MI Last)

NICKNAME

TITLE

COMPANY

WEBSITE

BUSINESS ADDRESS

CITY/STATE

ZIP

PHONE

FAX

EMAIL

HOME ADDRESS (Street address, Apt. #, City, State, & Zip)

YES, please send *Development* magazine to my home.

Company Profile

Number of employees at my location: 1-10 11-40 41-75 76-100 101-150 Greater than 151

Area of Operations: Local Regional National International

Business Structure: Corporation Limited Liability Corporation Limited Liability Partnership Non-Profit Partnership
(based on Federal tax purposes) Private REIT Public REIT Sole Proprietorship Sub Chapter

Areas of Involvement (select all that apply): Industrial Medical/Life Sciences Mixed-Use Multi-Family Office Retail

My company is involved in the development of green (environmentally sustainable) properties or provides green products/services: Yes No

Square feet owned or managed: Less than 1 Million 1-2.5 Million 2.6-5 Million 5.1-7.5 Million 7.6-10 Million 10.1 Million or more

Corporate Scope of Business (select one):

Associate Member

Academician Communications Environmental Landscape Architect Supplier
 Accountant Consultant Financier Property Manager Telecomm
 Architect Contractor Insurance Public Official Title Company
 Attorney Economic Dev Interior Design Publisher Utility
 Broker Engineer Land Planner Service Provider

Principal Member

Asset Manager Developer Owner (Property)
 Investor

Member Profile

Specific areas in which I am primarily involved (select all that apply): Industrial Medical/Life Sciences Mixed-Use Multi-Family Office
 Retail

I'm involved in the development of green (environmentally sustainable) properties, products, or services: Yes No

Industry topics of interest (select all that apply): Advocacy Business Mgmt. Development Finance Marketing/Leasing

Personal Scope of Business (select one):

Associate Member

Academician Communications Environmental Landscape Architect Supplier
 Accountant Consultant Financier Property Manager Telecomm
 Architect Contractor Insurance Public Official Title Company
 Attorney Economic Dev Interior Design Publisher Utility
 Broker Engineer Land Planner Service Provider

Principal Member

Asset Manager Developer Owner (Property)
 Investor

Are you a partner or a member of an LLC or LLP? Yes No

Complete this application and return it to NAIOP via fax at 703-904-7942. You may also complete an application at www.naiop.org. Have questions? Call 800-456-4144.

Member-

Principal Full Member: \$750
 The first individual employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$131.99)

Principal Affiliate Member: \$450
 You must be the second or subsequent person from the principal member firm, within the same chapter (Dues that may not be deducted as a business expense: \$64.02)

Associate Full Member: \$750
 The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$131.99)

Associate Affiliate Member: \$450
 You must be the second or subsequent person from the associate member firm, within the same chapter. (Dues that may not be deducted as a business expense: \$64.02)

Chapter-Based Corporate Membership (First 4 members): \$1925
 Please select one: Principal Associate
 Four or more individuals within the same company and same chapter qualify for this discount. Primary contact should be listed above; list others on a separate sheet.
Add'l members: \$275 (Dues that may not be deducted as a business expense: \$294.52)

Developing Leader Member: \$295
 To qualify, you must be 35 years of age or less. ***Proof of age must accompany this application or your membership cannot be fully activated.*** Developing Leader membership is excluded from qualifying for a chapter-based corporate membership. (Dues that may not be deducted as a business expense:\$29.55)

Student Member: \$50
 Any full-time student, not employed full-time, is eligible. ***A copy of your Student ID and your most recent class schedule are required and must accompany this application before your membership can be fully activated.*** (Dues that may not be deducted as a business expense: \$3.74)

Academician Member: \$450
 Any full-time professor who is not otherwise employed in the commercial real estate industry. (Dues that may not be deducted as a business expense: \$64.02)

Public Official Member: \$450
 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$64.02)

Public Official Affiliate Member: \$450
 You must be the second or subsequent person from the organization joining the same chapter as the Public Official member. (Dues that may not be deducted as a business expense: \$64.02)

How Did You Hear About Us?

- Local Chapter
- NAIOP Conference (event _____)
- NAIOP Website
- Member Referral (name _____)
- Direct Mail
- Phone Call
- Media
- Personal Research
- Social Media
- Other (_____)

Demo-

The following questions are optional and your responses will be held in strict confidentiality. The information will only be used to assist NAIOP in the development of new products and services. NAIOP uses this information to track trends and ensure that the needs of our diverse membership are being met.

Year of Birth: _____ **Gender:** Male Female

Ethnic Background:
 African American Asian, Pacific Islander or Native Hawaiian
 Hispanic American Indian or Native Alaskan
 Caucasian Other

Membership Agreement

NAIOP memberships are individual, not by company. However, your company may choose to transfer the membership to another individual at any time if the company paid for or reimbursed you for the membership.

Signature _____
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.

Payment Information

(from selected Membership Category)

NAIOP Dues	\$ _____
New Member Processing Fee (one-time)	+ \$20
Total Payment Authorized	\$ _____

VISA MasterCard AMEX

Credit Card Number _____ Exp. Date _____

Name of Cardholder (please print) _____

Billing Address (if different from main contact information) _____

Check Enclosed (payable to NAIOP)
Please include application with check. Do not fax application and/or copy of check as it will not be processed without actual payment.

Invoice me for my membership
Your membership will become active when payment is received and processed.

*** NAIOP dues are for 12 months of membership, except for corporate affiliates. (Please call for details). For Federal income taxes, NAIOP dues are not deductible as a charitable contribution. However, most of the dues amount may be deducted as a business expense.**

*** The \$20 processing fee is a one-time fee and will not appear on renewal notices.**

*** Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.**