

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](http://www.naiop.org). Have questions? Call 800-456-4144.

**Membership Category** (Please select one)

**Principal Full Member: \$965**  
 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: \$258.89)

**Principal Affiliate Member: \$525**  
 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: \$146.27)

**Associate Full Member: \$965**  
 The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$258.89)

**Associate Affiliate Member: \$525**  
 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: \$146.27)

**Chapter-Based Corporate Membership (First 4 members): \$2365**  
 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: \$350** (Dues that may not be deducted as a business expense: \$668.16)

**Developing Leader Member: \$275**  
 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: \$76.55)

**Student Member: \$69**  
 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: \$27.24)

**Academician Member: \$425**  
 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: \$99.28)

**Public Official Member: \$425**  
 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$99.28)

**Public Official Affiliate Member: \$425**  
 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: \$99.28)

**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 (\_\_\_\_\_)

**Demographic Profile**

*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)

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

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.**