

Mr    Ms    Mrs    Dr    Prof

NAME (First MI Last)

NICKNAME

TITLE

COMPANY

WEBSITE

BUSINESS ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE

FAX

MOBILE

EMAIL

HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code)

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: (based on Federal tax purposes)    Corporation    Limited Liability Corporation    Limited Liability Partnership    Non-Profit    Partnership  
 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

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):

**PRINCIPAL Members are:**

Asset Manager    Investor    Owner (Property)  
 Developer

**ASSOCIATE Members are:**

Academician    Communications    Environmental    Landscaper    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

### Member Profile

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

Personal Scope of Business (select ONE):

**PRINCIPAL Members are:**

Asset Manager    Investor    Owner (Property)  
 Developer

**ASSOCIATE Members are:**

Academician    Communications    Environmental    Landscaper    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

**Membership Category**

**Principal Full Member (First): \$895**  
 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: \$196.65)

**Principal Affiliate Member (Second and Third): \$550**  
 You must be the second or third person from the principal member firm, within the same chapter (Dues that may not be deducted as a business expense: \$129.38)

**Associate Full Member (First): \$895**  
 The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$196.65)

**Associate Affiliate Member (Second and Third): \$550**  
 You must be the second or third person from the associate member firm, within the same chapter. (Dues that may not be deducted as a business expense: \$129.38)

**Corporate Affiliate Member (Fourth and each additional): \$375**  
 The fourth and each additional person **within the same company and same chapter** qualify for this discount. (Dues that may not be deducted as a business expense: \$100.13)

**Developing Leader Member: \$375**  
 To qualify, you must be 35 years of age or less (born 1984 or later). **\*Proof of age must accompany this application or your membership cannot be fully activated.\*** (Dues that may not be deducted as a business expense: \$95.25)

**Student Member: \$19**  
 Any full-time student, not employed full-time, is eligible. **\*A copy of your Student ID and current 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: \$3.71)

**Academician Member: \$550**  
 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: \$129.38)

**Public Official Member: \$550**  
 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$129.38)

**Public Official Affiliate Member: \$550**  
 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: \$129.38)

**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.*

Birthdate : \_\_\_\_\_ Gender:  Male  Female  
Month/Day/Year

**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)	CVV

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. 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.