

2023 MEMBERSHIP APPLICATION

Central Florida Chapter

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NAME (First MI Last)					1	NICKNAME		
TITLE	COMPANY						WEBSITE	
BUSINESS ADDRESS			CITY	/		STAT	E/PROVINCE	ZIP/POSTAL CODE
PHONE	FAX		MOBILE		E	EMAIL		
HOME ADDRESS (Street address	s, Apt. #, City, State/Province, Zip/Po	ostal Code)				□YES	S, please send <i>Developmen</i>	magazine to my home.
Member Profile								
Specific areas in which I am	primarily involved (select AL	L that app	ly): ☐ Industr	ial □ Medical/Life Sc	iences	☐ Mixed-U	lse □ Multi-Fami	ly □ Office
Personal Scope of Business	s (select ONE):		☐ Retail	□ Other				
PRINCIPAL Members at	re:		ASSOCIATE I	Members are:				
☐ Asset Manager ☐ Inve	stor		□ Academician□ Accountant□ Architect□ Attorney□ Broker	☐ Communications ☐ Consultant ☐ Contractor ☐ Economic Dev ☐ Engineer	☐ Final		☐ Landscaper ☐ Property Manager ☐ Public Official ☐ Publisher ☐ Service Provider	☐ Supplier ☐ Telecomm ☐ Title Company ☐ Utility
Are you a partner of an LLC	C or LLP? □Yes □No	1						
Demographic F	Profile							
	e optional and your responses w this information to track trends a						NAIOP in the developme	nt of new products
Birthdate : Gender Identity		r Identity:	□ Male	☐ Nonbinary or genderfluid☐ Prefer not to respond		☐ Prefer to self-describe:		
Race and Ethnic Identi	ty							
☐ American Indian or Native Alaskan ☐			Hispanic/Latinx			☐ Prefer not to respond		
☐ Asian, Pacific Islander or Native Hawaiian ☐ Middle Eastern or No			th African					
☐ Black or African Amer	rican	□W	hite					
How Did You H	ear About Us?							
☐ NAIOP Chapter				☐ Phone Call				
☐ NAIOP Conference (eve	ent)	☐ Media				
☐ NAIOP Website				☐ Social Media				
☐ Member Referral (name	e)	☐ Personal Researc	ch			
☐ Direct Mail				☐ Other ()

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

Membership Category	
☐ Principal Full Member (First): \$895 The first person employed by an organization whose primary business is development, own \$153.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:
☐ Principal Affiliate Member (Second and Third): \$550 You must be the second or third person from the principal member firm, within the same cha	apter (Dues that may not be deducted as a business expense: \$108.25)
☐ Associate Full Member (First): \$895 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$153.10)
☐ Associate Affiliate Member (Second and Third): \$550 You must be the second or third person from the associate member firm, within the same ch	napter. (Dues that may not be deducted as a business expense: \$108.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$375 The fourth and each additional person within the same company and same chapter quali	fy for this discount. (Dues that may not be deducted as a business expense: \$88.75)
□ Developing Leader Member: \$375 To qualify, you must be 35 years of age or less (born 1986 or later). *Proof of age must of (Dues that may not be deducted as a business expense: \$85.50)	accompany this application or your membership cannot be fully activated.*
☐ Student Member: \$19 Any full-time student, who is not employed full-time, is eligible. * A copy of your Student I your membership can be fully activated.* (Dues that may not be deducted as a business experience).	ID and current class schedule are required and must accompany this application before ense: \$2.47)
☐ Academician Member: \$550 Any full-time professor who is not otherwise employed in the commercial real estate industry	g. (Dues that may not be deducted as a business expense: \$108.25)
☐ 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: \$108.25)
☐ Public Official Affiliate Member: \$550 You must be the second or subsequent person from the organization joining the same chap	ter as the Public Official member. (Dues that may not be deducted as a business expense: \$108.25)
Membership Agreement	Payment Information
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.	(from selected Membership Category) NAIOP Dues New Member Processing Fee (one-time) + \$20
Signature	Total Payment Authorized \$
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.	□ VISA □ MasterCard □ AMEX
	Credit Card Number Exp. Date
★ NAIOP dues are for 12 months of membership. For Federal income taxes, NAIOP dues are not deductible as a charitable contribution. How- ever, most of the dues amount may be deducted as a business ex-	Name of Cardholder (please print) CVV
pense.	Billing Address (if different from main contact information)
★ The \$20 processing fee is a one-time fee and will not appear on renewal notices.	☐ 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.
★ Questions about NAIOP's Refund Policy? Please call the Member- ship Department at 800-456-4144.	□ Invoice me for my membership

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