

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): \$672**
The first individual employed by an organization whose primary business is development, ownership, asset management or investment.
- Principal Affiliate Member (Second and Third): \$513**
You must be the second or third person from the principal member firm, within the same chapter
- Corporate Affiliate Member (Fourth and each additional) \$320**
The fourth and each additional person **within the same company and same chapter** qualify for this discount.

- Associate Full Member (First): \$672**
The first individual employed by an organization providing products and services.
- Associate Affiliate Member (Second and Third): \$513**
You must be the second or third person from the associate member firm, within the same chapter.
- Corporate Affiliate Member (Fourth and each additional) \$325**
The fourth and each additional person **within the same company and same chapter** qualify for this discount.

- Developing Leader Member: \$275**
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.**

- Student Member: \$94**
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.**

- Academician Member: \$393**
Any full-time professor who is not otherwise employed in the commercial real estate industry.

- Public Official Member: \$413**
Any individual employed by a local, state, or federal government or non-profit organization.

- Public Official Affiliate Member: \$393**
You must be the second or subsequent person from the organization joining the same chapter as the Public Official member.

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

Birthdate : _____
Month/Day/Year

Membership Agreement

NAIOP membership is 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.

(from selected Membership Category)

Payment Information

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

Total Payment Authorized \$ _____

VISA MasterCard

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.