



COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION

Mr Ms Mrs Dr Prof

2023 MEMBERSHIP APPLICATION

Calgary Chapter

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.

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
 Developer Owner (Property)

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

How Did You Hear About Us?

NAIOP Chapter Phone Call
 NAIOP Conference (event _____) Media
 NAIOP Website Social Media
 Member Referral (name _____) Personal Research
 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.

naiop.org

Membership Category

Principal Full Member (First): \$672

The first person 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

Associate Full Member (First): \$672

The first person 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.

Principal 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 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 1986 or later). ** Proof of age must accompany this application or your membership cannot be fully activated.**

Student Member: \$94

Any full-time student, who is 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

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.

*** 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.**

Payment Information

(from selected Membership Category)

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.