

2024 MEMBERSHIP APPLICATION

Calgary Chapter

□Mr □Ms □I	Mrs □Dr □Prof						
NAME (First MI Las	sit)			NICKNAME			
TITLE COMPANY					WEBSITE		
BUSINESS ADDRESS		CITY			STATE/PROVINCE	ZIP/POSTAL CODE	
PHONE	FAX	AX MOBILE		EMAIL			
HOME ADDRESS (S	Street address, Apt. #, City, State	/Province, Zip/Postal Cod	de)	□Ү	ES, please send <i>Developm</i>	ent magazine to my home.	
Member Pr	rofile						
Specific areas i	n which I am primarily in	volved (select ALL	that apply):				
☐ Industrial	☐ Medical/Life Sciences	☐ Mixed-Use	☐ Multi-Family	☐ Office	☐ Retail	☐ Other	
Personal Scope	e of Business (<u>select ON</u>	E):					
PRINCIPAL Members are:		ASSOCIATE Members are:					
☐ Asset Manager☐ Developer	r □ Investor □ Owner (Property)	☐ Academician ☐ Accountant ☐ Architect ☐ Attorney ☐ Broker	☐ Communications☐ Consultant☐ Contractor☐ Economic Dev☐ Engineer	☐ Environmental ☐ Financier ☐ Insurance ☐ Interior Design ☐ Land Planner	 □ Landscaper □ Property Manager □ Public Official □ Publisher □ Service Provider 	☐ Supplier☐ Telecomm☐ Title Company☐ Utility	
How Did Y	ou Hear About U	s?					
□ NAIOP Chapter			☐ Phone (☐ Phone Call			
□ NAIOP Conference (event) 🗆 Media)			
□ NAIOP Website			☐ Social M	☐ Social Media			
☐ Member Referral (name) □ Persona) □ Personal Research			
☐ Direct Mail			☐ Other (_)	

Membership Category						
1 0 7						
☐ 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.						
☐ 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 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.						
☐ 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. *Proof of age must accompany this app	lication 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 your membership can be fully activated.*	and current class schedule are required and must accompany this application before					
$\hfill \Box$ 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	er as the Public Official member.					
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					
	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. However, 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. ☐ Invoice me for my membership Your membership will become active when payment is received and processed.					
★ Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.						

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