

☐ Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Prof

Name (First MI Last)

Preferred Name

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):

- | | | | | | |
|--|---|--|---|---------------------------------------|---|
| <input type="checkbox"/> Aerospace/Aviation | <input type="checkbox"/> Hotel/Hospitality | <input type="checkbox"/> Industrial-Warehouse/Distribution | <input type="checkbox"/> Medical Office/Health Care | <input type="checkbox"/> Other | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Build-to-rent Housing | <input type="checkbox"/> Industrial-Flex Space | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mixed-use | <input type="checkbox"/> Religious | <input type="checkbox"/> Sports/Entertainment |
| <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Industrial-Manufacturing | <input type="checkbox"/> Land Development | <input type="checkbox"/> Multifamily | <input type="checkbox"/> Retail | <input type="checkbox"/> Student Housing |
| <input type="checkbox"/> Data Centers | <input type="checkbox"/> Industrial-Outdoor Storage/Truck Terminals | <input type="checkbox"/> Life Sciences | <input type="checkbox"/> Office | <input type="checkbox"/> Self-storage | |

Personal Scope of Business (select ONE):

- | | | | | | | | |
|--|---|---------------------------------------|--|---|---|--|--------------|
| <input type="checkbox"/> Academician | <input type="checkbox"/> Attorney | <input type="checkbox"/> Contractor | <input type="checkbox"/> Environmental | <input type="checkbox"/> Investor | <input type="checkbox"/> Property Manager | <input type="checkbox"/> Supplier | Other: _____ |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Broker | <input type="checkbox"/> Developer | <input type="checkbox"/> Financier | <input type="checkbox"/> Land Planner | <input type="checkbox"/> Public Official | <input type="checkbox"/> Telecomm | |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Communications | <input type="checkbox"/> Economic Dev | <input type="checkbox"/> Insurance | <input type="checkbox"/> Landscaper | <input type="checkbox"/> Publisher | <input type="checkbox"/> Title Company | |
| <input type="checkbox"/> Asset Manager | <input type="checkbox"/> Consultant | <input type="checkbox"/> Engineer | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Owner (Property) | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Utility | |

How Did You Hear About Us?

- | | |
|---|--|
| <input type="checkbox"/> NAIOP Chapter | <input type="checkbox"/> Phone Call |
| <input type="checkbox"/> NAIOP Conference (event _____) | <input type="checkbox"/> Media |
| <input type="checkbox"/> NAIOP Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Member Referral (name _____) | <input type="checkbox"/> Personal Research |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Other (_____) |

Membership Category

☐ **Full Member (First): \$695**

You are the first person from your organization to join NAIOP Calgary.

☐ **Affiliate Member (Second or Subsequent): \$419**

You are the second or subsequent person to join from the member firm, with NAIOP Calgary as your primary chapter.

☐ **Developing Leader Member: \$250**

You are 35 years of age or less. ****Proof of age must accompany this application or your membership cannot be fully activated.***

☐ **Public Official Member: \$300**

You are employed by a local, state, or federal government or non-profit organization.

☐ **Student Member: \$115**

You are a full-time student, who is not employed full-time. ****A copy of your student ID and current class schedule are required and must accompany this application before your membership can be fully activated.***

Expected Graduation Date: _____
Month/Year

Degree Type: ☐ Associate's ☐ Bachelor's ☐ Master's ☐ J.D. ☐ Ph.D.

Field of Study: _____

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, 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.