

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof
Name (First, MI, Last)			Nickname	
Title		Company		Website
Business Address			City/State	Zip/Postal Code
Phone		Fax	Email	
Home Address (Street address, Apt. #, City, State, & Zip)				<input type="checkbox"/> YES, please send <i>Development</i> 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

My company is involved in the development of green (environmentally sustainable) properties or provides green products/services: Yes No

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):

Associate Member

Principal Member

<input type="checkbox"/> Academician	<input type="checkbox"/> Communications	<input type="checkbox"/> Environmental	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Supplier	<input type="checkbox"/> Asset Manager	<input type="checkbox"/> Developer	<input type="checkbox"/> Owner (Property)
<input type="checkbox"/> Accountant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Financier	<input type="checkbox"/> Property Manager	<input type="checkbox"/> Telecomm	<input type="checkbox"/> Corporate Real Estate Executive	<input type="checkbox"/> Investor	
<input type="checkbox"/> Architect	<input type="checkbox"/> Contractor	<input type="checkbox"/> Insurance	<input type="checkbox"/> Public Official	<input type="checkbox"/> Title Company			
<input type="checkbox"/> Attorney	<input type="checkbox"/> Economic Dev	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Publisher	<input type="checkbox"/> Utility			
<input type="checkbox"/> Broker	<input type="checkbox"/> Engineer	<input type="checkbox"/> Land Planner	<input type="checkbox"/> 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

I'm involved in the development of green (environmentally sustainable) properties, products, or services: Yes No

Industry topics of interest (select all that apply): Advocacy Business Mgmt. Development Finance Marketing/Leasing

Personal Scope of Business (select one):

Associate Member

Principal Member

<input type="checkbox"/> Academician	<input type="checkbox"/> Communications	<input type="checkbox"/> Environmental	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Supplier	<input type="checkbox"/> Asset Manager	<input type="checkbox"/> Developer	<input type="checkbox"/> Owner (Property)
<input type="checkbox"/> Accountant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Financier	<input type="checkbox"/> Property Manager	<input type="checkbox"/> Telecomm	<input type="checkbox"/> Corporate Real Estate Executive	<input type="checkbox"/> Investor	
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<input type="checkbox"/> Broker	<input type="checkbox"/> Engineer	<input type="checkbox"/> Land Planner	<input type="checkbox"/> Service Provider				

Are you a partner or a member of an LLC or LLP? Yes No

Membership Category (Please select one)

- Principal Full Member: \$800**
The first individual employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$228.95)

- Principal Affiliate Member: \$435**
You must be the second or subsequent person from the principal member firm, within the same chapter (Dues that may not be deducted as a business expense: \$145.12)

- Associate Full Member: \$800**
The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$228.95)

- Associate Affiliate Member: \$435**
You must be the second or subsequent person from the associate member firm, within the same chapter. (Dues that may not be deducted as a business expense: \$145.12)

- Chapter-Based Corporate Membership (First 4 members): \$1960**
Please select one: Principal Associate
Four or more individuals within the same company and same chapter qualify for this discount. Primary contact should be listed above; list others on a separate sheet.
Add'l members: \$290 (Dues that may not be deducted as a business expense: \$666.58)

- Developing Leader Member: \$250**
To qualify, you must be 35 years of age or less. ***Proof of age must accompany this application or your membership cannot be fully activated.*** Developing Leader membership is excluded from qualifying for a chapter-based corporate membership. (Dues that may not be deducted as a business expense: \$102.75)

- Student Member: \$50**
Any full-time student, not employed full-time, is eligible. ***A copy of your Student ID and your most recent class schedule are required and must accompany this application before your membership can be fully activated.*** (Dues that may not be deducted as a business expense: \$34.52)

- Academician Member: \$430**
Any full-time professor who is not otherwise employed in the commercial real estate industry. (Dues that may not be deducted as a business expense: \$140.12)

- Public Official Member: \$430**
Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$140.12)

- Public Official Affiliate Member: \$430**
You must be the second or subsequent person from the organization joining the same chapter as the Public Official member. (Dues that may not be deducted as a business expense: \$140.12)

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

The following questions are optional and your responses will be held in strict confidentiality. The information will only be used to assist NAIOP in the development of new products and services. NAIOP uses this information to track trends and ensure that the needs of our diverse membership are being met.

- Year of Birth:** _____ **Gender:** Male Female
- Ethnic Background:**
- African American Asian, Pacific Islander or Native Hawaiian
 - Hispanic American Indian or Native Alaskan
 - Caucasian Other

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.

Payment Information

(from selected Membership Category)

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

VISA MasterCard AMEX

Credit Card Number	Exp. Date
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Name of Cardholder (please print)

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, except for corporate affiliates. (Please call for details). 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.**