

Contact Information

MR MS MRS

NAME (First, MI, Last)

NICKNAME

CURRENT ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE NUMBER

EMAIL

HOME ADDRESS (If different than current address)

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

Member Profile

BACHELORS MASTERS Ph.D.

UNIVERSITY/COLLEGE

EXPECTED DATE OF GRADUATION (MONTH/YEAR)

MAJOR



PROOF OF STUDENT STATUS: *Application will not be processed without these **two** items.*

(1) Copy of Student ID (2) Copy of current class schedule showing full-time status

Payment Information

Dues Amount: \$75

VISA MASTERCARD CHECK (Payable to NAIOP)

CREDIT CARD NUMBER

EXP DATE

NAME OF CARDHOLDER (Please print)

CVV

NAIOP dues are for 12 months of membership.

Membership Agreement

SIGNATURE

DATE

By signing above, I acknowledge that I will accept faxes, emails and other communications from NAIOP.

APPLICATION CHECKLIST:

- ⇒ COMPLETED APPLICATION
- ⇒ PROOF OF FULL-TIME STATUS
- ⇒ PAYMENT

Demographic Profile

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

BIRTHDATE: _____

GENDER: MALE FEMALE

Month / Day / Year

ETHNIC BACKGROUND: AFRICAN AMERICAN HISPANIC CAUCASIAN ASIAN, PACIFIC ISLANDER OR NATIVE HAWAIIAN

AMERICAN INDIAN OR NATIVE ALASKAN OTHER (Please specify) _____

How did you hear about NAIOP?

LOCAL CHAPTER NAIOP WEBSITE SOCIAL MEDIA DEVELOPMENT MAGAZINE NAIOP CONFERENCE (EVENT) _____
MEMBER REFERRAL (NAME) _____ AD (PUBLICATION) _____ DIRECT MAIL OTHER

RETURN APPLICATION WITH PAYMENT TO:

NAIOP, CL500060, PO BOX 5007, MERRIFIELD VA 22116-5007 OR FAX TO 703 904 7942

Questions? Call 800 456-4144