

Mr  Ms  Mrs  Dr  Prof

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.

### 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

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):

**PRINCIPAL Members are:**

Asset Manager  Investor  Owner (Property)  
 Developer

**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

### 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  Owner (Property)  
 Developer

**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

### Membership Category

**Principal Full Member (First): \$753**  
 The first individual employed by an organization whose primary business is development, ownership, asset management or investment.

**Principal Affiliate Member (Second and Third): \$509**  
 You must be the second or third person from the principal member firm, within the same chapter

**Associate Full Member (First): \$753**  
 The first individual employed by an organization providing products and services.

**Associate Affiliate Member (Second and Third): \$509**  
 You must be the second or third person from the associate member firm, within the same chapter.

**Corporate Affiliate Member (Fourth and each additional): \$441**  
 The fourth and each additional person within the same company and same chapter qualify for this discount.

**Developing Leader Member: \$360**  
 To qualify, you must be 35 years of age or less (born 1984 or later). *\*Proof of age must accompany this application or your membership cannot be fully activated.\**

**Student Member: \$75**  
 Any full-time student, 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: \$357**  
 Any full-time professor who is not otherwise employed in the commercial real estate industry.

**Public Official Member: \$482**  
 Any individual employed by a local, state, or federal government or non-profit organization.

**Public Official Affiliate Member: \$482**  
 You must be the second or subsequent person from the organization joining the same chapter as the Public Official member.

### 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

Birthdate : \_\_\_\_\_  
Month/Day/Year

### Membership Agreement

*NAIOP membership is 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 (CAD)	\$ _____
New Member Processing Fee (one-time)	_____ + \$20

**Total Payment Authorized (CAD)** \$ \_\_\_\_\_

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.*

*\* 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.*