



COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION

Application for Lobbyist Assistance Program

1. Chapter Name: _____

2. Chapter Contact and Phone Number: _____

3. Name of Applicant: _____

4. Credentials of Applicant: (Please attach resume of applicant and any additional material)

5. Please describe the goals and objectives of the Lobbyist (use additional pages if needed).

6. Please provide the terms of the contact and scope of work.

Chapter President Public Affairs

Chairperson

Chapter Executive Director

Return Completed Application and Supplemental Materials to:

Toby Burke
Senior Director of State and Local Affairs, NAIOP
2201 Cooperative Way Herndon, VA 20171

(703) 904-7100 ext. 116 (703) 904-7942 (F)
burke@naiop.org