

## **2023 MEMBERSHIP APPLICATION**

## Chicago Chapter

□Mr □Ms □Mrs □Dr □Prof						
NAME (First MI Last)			NICKNAME			
TITLE COMPANY				WEBSITE		
BUSINESS ADDRESS	CIT	Υ	STA	TE/PROVINCE	ZIP/POSTAL CODE	
PHONE FAX	MOBILE		EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Post	ral Codo)			ES, please send <i>Development</i>	tmagazino to my homo	
HOWE ADDRESS (Street address, Apr. #, City, State/Province, Zip/Posi	ai Code)		ш	zo, piease sena <i>Developmeni</i>	magazine to my nome.	
Member Profile						
Specific areas in which I am primarily involved (select ALL	that apply): ☐ Industr	rial □ Medical/Life So	ciences 🗆 Mixed-	Use □ Multi-Fami	ly 🗆 Office	
Personal Scope of Business ( <u>select ONE</u> ):		_ outo				
PRINCIPAL Members are:	ASSOCIATE					
☐ Asset Manager ☐ Investor ☐ Owner (Property)	☐ Academician	☐ Communications	☐ Environmental	☐ Landscaper	□ Supplier	
☐ Developer	☐ Accountant ☐ Architect	<ul><li>□ Consultant</li><li>□ Contractor</li></ul>	☐ Financier ☐ Insurance	<ul><li>□ Property Manager</li><li>□ Public Official</li></ul>	<ul><li>☐ Telecomm</li><li>☐ Title Company</li></ul>	
	☐ Attorney	☐ Economic Dev	☐ Interior Design	☐ Publisher	☐ Utility	
	□ Broker	□ Engineer	☐ Land Planner	☐ Service Provider	,	
Are you a partner of an LLC or LLP? □Yes □No						
Demographic Profile						
The following questions are optional and your responses will and services. NAIOP uses this information to track trends an	be held in strict confidentia d ensure that the needs of d	lity. The information will our diverse membership	only be used to assist are being met.	NAIOP in the developme	nt of new products	
	dentity: □ Male	□ Nonbinary or gen	nderfluid	☐ Prefer to self-describe:		
Month/Day/Year	□ Female	☐ Prefer not to respond				
Race and Ethnic Identity						
☐ American Indian or Native Alaskan	☐ Hispanic/Latinx	☐ Hispanic/Latinx		☐ Prefer not to respond		
☐ Asian, Pacific Islander or Native Hawaiian	☐ Middle Eastern or North African		☐ Prefer	☐ Prefer to self-describe:		
☐ Black or African American	☐ White	] White				
How Did You Hear About Us?						
□ NAIOP Chapter		☐ Phone Call				
□ NAIOP Conference (event	)	)				
□ NAIOP Website		☐ Social Media				
☐ Member Referral (name	)	☐ Personal Researc	ch			
☐ Direct Mail		☐ Other (			)	

Complete this application and return it to NAIOP via fax at 703-904-7942 or email membership@naiop.org. You may also complete an application online at www.naiop.org. Have questions? Call 800-456-4144.

Membership Category	
☐ Principal Full Member (First): \$875 The first person employed by an organization whose primary business is development, owne \$87.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:
☐ Principal Affiliate Member (Second and Third): \$490 You must be the second or third person from the principal member firm, within the same cha	pter (Dues that may not be deducted as a business expense: \$42.25 )
☐ Associate Full Member (First): \$875 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$87.10)
☐ Associate Affiliate Member (Second and Third): \$490 You must be the second or third person from the associate member firm, within the same ch	apter. (Dues that may not be deducted as a business expense: \$42.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$295 The fourth and each additional person within the same company and same chapter qualif	ry for this discount. (Dues that may not be deducted as a business expense: \$22.75)
□ Developing Leader Member: \$250  To qualify, you must be 35 years of age or less (born 1986 or later). *Proof of age must a (Dues that may not be deducted as a business expense: \$19.50)	accompany this application or your membership cannot be fully activated.*
☐ Student Member: \$50  Any full-time student, who is not employed full-time, is eligible. *A copy of your Student It your membership can be fully activated.* (Dues that may not be deducted as a business expe	D and current class schedule are required and must accompany this application before ense: \$2.47)
☐ Academician Member: \$450 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: \$42.25)
☐ Public Official Member: \$440 Any individual employed by a local, state, or federal government or non-profit organization. (I	Dues that may not be deducted as a business expense: \$42.25)
☐ Public Official Affiliate Member: \$440 You must be the second or subsequent person from the organization joining the same chapt	er as the Public Official member. (Dues that may not be deducted as a business expense: \$42.25)
Membership Agreement	Payment Information
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.	(from selected Membership Category)  NAIOP Dues  New Member Processing Fee (one-time) + \$20
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Signature	Total Payment Authorized \$
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.	□ VISA □ MasterCard □ AMEX
	Credit Card Number Exp. Date
* 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.	Name of Cardholder (please print)  CVV  Billing Address (if different from main contact information)
★ The \$20 processing fee is a one-time fee and will not appear on renewal notices.	☐ Check Enclosed (payable to NAIOP)  Please include application with check. Do not fax application and/or copy of check as it
★ Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.	will not be processed without actual payment.  □ Invoice me for my membership  Vaux membership will become active when payment is received and processed.

Name\_

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