

□Mrs

⊡Mr

⊡Ms

□Dr

□Prof

# 2023 MEMBERSHIP APPLICATION

## **Connecticut and Suburban NY Chapter**

| NAME (First MI Last)  |            |                  |               |                  | NICKNAN          | 1E                   |                 |  |
|---|------------|------------------|---------------|------------------|------------------|----------------------|-----------------|--|
| 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)  |            |                  |               |                  |                  | magazine to my home. |                 |  |
| Member Profile  |            |                  |               |                  |                  |                      |                 |  |
| Specific areas in which I am primarily involved (select ALL that apply): 🛛 Industrial 🗆 Medical/Life Sciences 🗆 Mixed-Use 🗆 Multi-Family 🔹 Office |            |                  |               |                  |                  |                      |                 |  |
| Personal Scope of Business (select ONE):  |            |                  |               |                  |                  |                      |                 |  |
| PRINCIPAL Members are: ASSOCIATE Members are:   |            |                  |               |                  |                  |                      |                 |  |
| 🗆 Asset Manager   | □ Investor | Owner (Property) | □ Academician | □ Communications | Environment      | al 🗆 Landscaper      | □ Supplier      |  |
| □ Developer   |            |                  | □ Accountant  | □ Consultant     | □ Financier      | Property Manager     | □ Telecomm      |  |
|   |            |                  | □ Architect   | □ Contractor     | □ Insurance      | □ Public Official    | Title Company   |  |
|   |            |                  | □ Attorney    | Economic Dev     | 🗆 Interior Desig | gn 🗆 Publisher       | 🗆 Utility       |  |
|   |            |                  | □ Broker      | Engineer         | Land Planne      | r Service Provider   |                 |  |
| Are you a partner o   | fanllCorll |                  |               |                  |                  |                      |                 |  |

Are you a partner of an LLC or LLP? 

Yes ∟No

### 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.

| Birthdate :                                       | Gender Identity:        | □ Nonbinary or genderfluid | Prefer to self-describe:   |  |  |  |  |
|---|-------------------------|----------------------------|----------------------------|--|--|--|--|
| nonnibuy, rea                                     | Female                  | □ Prefer not to respond    |                            |  |  |  |  |
| Race and Ethnic Identity                          |                         |                            |                            |  |  |  |  |
| □ American Indian or Native Alaskan               | □ Hispanic/Latinx       |                            | □ Prefer not to respond    |  |  |  |  |
| $\Box$ Asian, Pacific Islander or Native Hawaiian | □ Middle Eastern or Not | rth African                | □ Prefer to self-describe: |  |  |  |  |
| Black or African American                         | □ White                 |                            |                            |  |  |  |  |

| How Did You Hear About Us? |                   |  |  |  |  |  |
|----------------------------|-------------------|--|--|--|--|--|
| □ NAIOP Chapter            | Phone Call        |  |  |  |  |  |
| □ NAIOP Conference (event) | Media             |  |  |  |  |  |
|                            | Social Media      |  |  |  |  |  |
| Member Referral (name)     | Personal Research |  |  |  |  |  |
| 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.

naiop.org

Name

#### Membership Category

#### Principal Full Member (First): \$820

The first person employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$87.10)

#### □ Principal Affiliate Member (Second and Third): \$475

You must be the second or third person from the principal member firm, within the same chapter (Dues that may not be deducted as a business expense: \$42.25 /

#### □ Associate Full Member (First): \$820

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): \$475

You must be the second or third person from the associate member firm, within the same chapter. (Dues that may not be deducted as a business expense: \$42.25)

#### Corporate Affiliate Member (Fourth and each additional): \$300

The fourth and each additional person within the same company and same chapter qualify for this discount. (Dues that may not be deducted as a business expense: \$22.75)

#### Developing Leader Member: \$235

To qualify, you must be 35 years of age or less (born 1986 or later). \* Proof of age must accompany this application or your membership cannot be fully activated.\* (Dues that may not be deducted as a business expense: \$19.50)

#### □ Student Member: \$19

Any full-time student, who is 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.\* (Dues that may not be deducted as a business expense: \$2.47)

#### □ Academician Member: \$410

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: \$410

Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$42.25)

#### □ Public Official Affiliate Member: \$410

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: \$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  | (from selected Membership Category)  |  |  |  |
| at any time if the company paid for or reimbursed you for the member-<br>ship.   | NAIOP Dues\$New Member Processing Fee (one-time)+ \$20   |  |  |  |
| Signature  | Total Payment Authorized \$  |  |  |  |
| ů –  | UISA MasterCard AMEX   |  |  |  |
| By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.   |  |  |  |  |
|  | 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 ex- | Name of Cardholder (please print) CVV  |  |  |  |
| pense.   | Billing Address (if different from main contact information)   |  |  |  |
| ★ The \$20 processing fee is a one-time fee and will not appear on<br>renewal notices.   | □ Check Enclosed (payable to NAIOP)<br>Please include application with check. Do not fax application and/or copy of check as it<br>will not be processed without actual payment. |  |  |  |
| ★ Questions about NAIOP's Refund Policy? Please call the Member-<br>ship Department at 800-456-4144.   | □ Invoice me for my membership<br>Your membership will become active when payment is received and processed.   |  |  |  |

Please fax both pages of your completed application (and any accompanying documentation) to: 703-904-7942 Mail application with payment (and any accompanying documentation) to: NAIOP, CL500060, PO Box 5007, Merrifield VA 22116-5007