

## **2023 MEMBERSHIP APPLICATION**

## **Greater Philadelphia Chapter**

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fi	rst MI Last)							NICKNAME			
TITLE				COMPANY					WEBSITE		
BUSINES	S ADDRESS				CIT	Y		STAT	TE/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE			EMAIL			
HOME AD	DDRESS (Stree	et address, Ap	ot. #, City, State/F	Province, Zip/Postal Co	ode)			□YE	S, please send <i>Developmen</i>	magazine to my home.	
Mem	ıber Pr	ofile									
Specific	areas in wh	nich I am pri	imarily involve	ed (select ALL that	apply):						
•			,	•	☐ Indus		sciences	☐ Mixed-l	Jse □ Multi-Fam	ily 🗆 Office	
Persona	I Scope of E	Business ( <u>s</u>	elect ONE):		Notain	_ culoi					
PRINCIPAL Members are:				ASSOCIATE	Members are:						
☐ Asset	t Manager	☐ Investor	□ Own	er (Property)	☐ Academician	☐ Communications		ironmental	☐ Landscaper	☐ Supplier	
☐ Deve	loper				☐ Accountant	□ Consultant	□ Fina		☐ Property Manager	☐ Telecomm	
					☐ Architect ☐ Attorney	<ul><li>☐ Contractor</li><li>☐ Economic Dev</li></ul>	☐ Insu	rance rior Design	<ul><li>□ Public Official</li><li>□ Publisher</li></ul>	<ul><li>□ Title Company</li><li>□ Utility</li></ul>	
					□ Broker	☐ Engineer		d Planner	☐ Service Provider	□ Otility	
Are you	a partner o	f an LLC or	<b>LLP?</b> □Yes	□No	ı						
Dem	ograp	hic Pro	ofile								
The fo and se	ollowing ques ervices. NAIC	stions are op OP uses this	tional and your information to	responses will be h track trends and en	neld in strict confidentia sure that the needs of c	lity. The information will our diverse membership	only be us are being	sed to assist . ı met.	NAIOP in the developme	nt of new products	
Birtho	date: _			Gender Iden	tity: □ Male	□ Nonbinary or ger	nderfluid	☐ Prefer	to self-describe:		
		Month/Day	y/Year		☐ Female	☐ Prefer not to resp	oond				
Race	and Ethnic	c Identity									
					☐ Hispanic/Latinx	Hispanic/Latinx			☐ Prefer not to respond		
					·	Middle Eastern or North African			☐ Prefer to self-describe:		
	Black or Afric	can Americai	n		☐ White						
How	Did Y	ou Hea	ar Abou	t Us?							
□ NA	NOP Chapter	r				☐ Phone Call					
	□ NAIOP Conference (event				1	□ Media					
	AIOP Coniere				J	□ Social Media					
					١	☐ Personal Resear	ch				
	ect Mail	ai (ilaille				☐ Other (	OI 1			1	
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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 MEMBERSHIP APPLICATION—Page 2	Name							
Membership Category								
☐ Principal Full Member (First): \$990  The first person employed by an organization whose primary business is development, owne \$128.40)	rship, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$520 You must be the second or third person from the principal member firm, within the same chap	oter (Dues that may not be deducted as a business expense: \$66.05)							
☐ Associate Full Member (First): \$990 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$128.40)							
Associate Affiliate Member (Second and Third): \$620 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: \$80.05)								
☐ Corporate Affiliate Member (Fourth): \$270  The fourth and each additional person within the same company and same chapter qualify	y for this discount. (Dues that may not be deducted as a business expense: \$36.05)							
☐ Corporate Affiliate Member (Fifth and each additional): \$220  The fourth and each additional person within the same company and same chapter qualify	y for this discount. (Dues that may not be deducted as a business expense: \$29.05)							
☐ Developing Leader Member: \$295  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: \$36.30)	ccompany this application or your membership cannot be fully activated.*							
☐ Student Member: \$49  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: \$6.67)								
☐ Academician Member: \$520 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: \$66.05)							
☐ Public Official Member: \$670 Any individual employed by a local, state, or federal government or non-profit organization. (□	Dues that may not be deducted as a business expense: \$87.05)							
☐ Public Official Affiliate Member: \$520 You must be the second or subsequent person from the organization joining the same chapte	er as the Public Official member. (Dues that may not be deducted as a business expense: \$66.05)							
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							
	Total Payment Authorized \$							
Signature	□ VISA □ 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 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  Your membership will become active when payment is resolved and processed.							

Your membership will become active when payment is received and processed.