

2023 MEMBERSHIP APPLICATION

Greater Toronto Chapter

□Mr □Ms □N	Mrs □Dr □Prof						
NAME (First MI Last)				NICKNAME			
TITLE COMPANY			WEBSITE				
BUSINESS ADDRES	S		CITY		STATE/PROVINCE	ZIP/POSTAL CODE	
PHONE	FAX	MOBILE		EM <i>I</i>	EMAIL		
HOME ADDRESS (Si	treet address, Apt. #, City, State	e/Province, Zip/Postal Cod	de)	□Ү	ES, please send <i>Developm</i>	ent magazine to my home.	
Member Pr	ofile						
Specific areas in	n which I am primarily ir	nvolved (select ALL	. that apply):				
☐ Industrial [☐ Medical/Life Sciences	☐ Mixed-Use	☐ Multi-Family	☐ Office	☐ Retail	□ Other	
Personal Scope	of Business (select ON	<u>E</u>):					
PRINCIPAL Members are:		ASSOCIATE Members are:					
☐ Asset Manager☐ Developer	☐ Investor ☐ Owner (Property)	☐ Academician ☐ Accountant ☐ Architect ☐ Attorney ☐ Broker	□ Communications□ Consultant□ Contractor□ Economic Dev□ Engineer	□ Environmental□ Financier□ Insurance□ Interior Design□ Land Planner	 □ Landscaper □ Property Manager □ Public Official □ Publisher □ Service Provider 	☐ Supplier☐ Telecomm☐ Title Company☐ Utility	
How Did Yo	ou Hear About U	ls?					
□ NAIOP Chapter		☐ Phone Call					
□ NAIOP Confere	ence (event) 🗆 Media				
□ NAIOP Website			☐ Social N	☐ Social Media			
☐ Member Referral (name) □ Persona) □ Personal Research			
□ Direct Mail			☐ Other (□ Other (

Membership Category			
☐ Principal Full Member (First): \$778 The first person employed by an organization whose primary business is development, owner	rship, asset management or investment.		
☐ Principal Affiliate Member (Second and Third): \$536 You must be the second or third person from the principal member firm, within the same chap	pter		
☐ Associate Full Member (First): \$778 The first person employed by an organization providing products and services.			
☐ Associate Affiliate Member (Second and Third): \$536 You must be the second or third person from the associate member firm, within the same cha	apter.		
☐ Principal Corporate Affiliate Member (Fourth and each additional): \$470 The fourth and each additional person within the same company and same chapter qualify	y for this discount.		
☐ Associate Corporate Affiliate Member (Fourth and each additional): \$470 The fourth and each additional person within the same company and same chapter qualify	y for this discount.		
□ Developing Leader Member: \$360 To qualify, you must be 35 years of age or less (born 1987 or later). *Proof of age must a *	ccompany this application or your membership cannot be fully activated.		
☐ Student Member: \$82 Any full-time student, who is not employed full-time, is eligible. *A copy of your Student IE your membership can be fully activated.*	O and current class schedule are required and must accompany this application befor		
☐ Academician Member: \$367 Any full-time professor who is not otherwise employed in the commercial real estate industry.			
☐ Public Official Member: \$506 Any individual employed by a local, state, or federal government or non-profit organization.			
☐ Public Official Affiliate Member: \$506			
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- ship.	NAIOP Dues New Member Processing Fee (one-time) \$ + \$20		
Signature	Total Payment Authorized \$		
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.	□ VISA □ MasterCard		
	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 expose.	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 will not be processed without actual payment.		
★ Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.	☐ Invoice me for my membership Your membership will become active when payment is received and processed.		

NAIOP MEMBERSHIP APPLICATION—Page 2