

2023 MEMBERSHIP APPLICATION

Inland Empire Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fi	rst MI Last)					_	NI	CKNAME			
TITLE				COMPANY					EBSITE		
BUSINESS ADDRESS				CITY	CITY			STATE/PROVINCE ZIP/POSTAL CODE			
PHONE			FAX		MOBILE		EN	MAIL			
HOME AD	DDRESS (Stree	et address, Apt.	#, City, State/F	Province, Zip/Postal Co	ode)			□YES	please send <i>Development</i>	magazine to my home.	
Mem	ıber Pr	ofile									
			narily involve	ed (select ALL that	annly):						
opcomo	urcus III Wi	non rum prin	narny invoiv	ou (Sciect File that	□ Industr	ial ☐ Medical/Life So☐ Other	ciences	☐ Mixed-Us	se □ Multi-Fami	ly 🗆 Office	
Persona	I Scope of E	Business (<u>sel</u>	lect ONE):			□ Ottlei					
PRINC	CIPAL Mem	nbers are:			ASSOCIATE I	Members are:					
☐ Asset	t Manager	\square Investor	□ Own	er (Property)	☐ Academician	☐ Communications	☐ Enviro	nmental	□ Landscaper	☐ Supplier	
□ Deve	loper				☐ Accountant	☐ Consultant	☐ Finand	cier	☐ Property Manager	☐ Telecomm	
					☐ Architect	☐ Contractor	□ Insura		☐ Public Official	☐ Title Company	
					☐ Attorney ☐ Broker	□ Economic Dev□ Engineer	□ Interio□ Land F	· ·	☐ Publisher☐ Service Provider	☐ Utility	
Are you	a partner o	f an LLC or L	IP? □Yes	□No		g					
	•	hic Pro									
				racpaneae will be b	and in strict confidentia	lity. The information will	anly hayes	d to acciet N	AIOP in the developme	nt of now products	
						our diverse membership			AIOP III lile developine.	ni oi new producis	
Birtho	Birthdate : Gender Identity			tity: □ Male	□ Nonbinary or ger	☐ Nonbinary or genderfluid ☐		☐ Prefer to self-describe:			
		Month/Day/	Year		☐ Female	☐ Prefer not to resp	oond				
Race	and Ethnic	c Identity									
☐ American Indian or Native Alaskan ☐				☐ Hispanic/Latinx	Hispanic/Latinx			☐ Prefer not to respond			
				☐ Middle Eastern or N	Middle Eastern or North African			☐ Prefer to self-describe:			
☐ Black or African American ☐				□ White	White						
How	Did Y	ou Hea	r Abou	t Us?							
□ NA	JOP Chapter	r				☐ Phone Call					
	□ NAIOP Conference (event)	☐ Media					
□ NAIOP Website				/	☐ Social Media						
)	□ Personal Resear	ch				
	ect 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): \$895 The first person employed by an organization whose primary business is development, ownes \$181.50)	ership, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$550 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: \$136.65)								
☐ Associate Full Member (First): \$895 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$181.50)							
☐ Associate Affiliate Member (Second and Third): \$550 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: \$136.65)								
□ Corporate Affiliate Member (Fourth and each additional): \$375 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: \$117.15)								
□ 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: \$54.90)	accompany this application or your membership cannot be fully activated.*							
☐ 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: \$400 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: \$65.85)							
☐ Public Official Member: \$550 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$136.65)							
□ Public Official Affiliate Member: \$550 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: \$136.65)								
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							
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. How- ever, 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 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							

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