

2023 MEMBERSHIP APPLICATION

Massachusetts Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fi	rst MI Last)						1	NICKNAME			
TITLE				COMPANY					WEBSITE		
BUSINES	S ADDRESS				CITY	(STAT	E/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE		ı	EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code								☐YES, please send <i>Development</i> magazine to my home.			
	·		ony, staten n	ovince, zipri ostal code,	,				s, picase sena <i>Developmen</i> i	magazine to my nome.	
Mem	iber Pr	ofile									
Specific	areas in wh	ich I am primar	ily involved	I (select ALL that ap	oply): ☐ Indust	rial	ciences	☐ Mixed-U	Jse 🔲 Multi-Fam	ily 🗆 Office	
Personal Scope of Business (select ONE):					☐ Retail	☐ Other					
PRINCIPAL Members are: ASSOCIATE Members are:											
☐ Asset	t Manager	☐ Investor	□ Owner	(Property)	☐ Academician	☐ Communications	□ Envi	ronmental	☐ Landscaper	☐ Supplier	
☐ Deve	loper				☐ Accountant	☐ Consultant	☐ Fina	ncier	☐ Property Manager	☐ Telecomm	
					☐ Architect	□ Contractor	☐ Insu		☐ Public Official	☐ Title Company	
					☐ Attorney ☐ Broker	☐ Economic Dev☐ Engineer		ior Design I Planner	☐ Publisher☐ Service Provider	☐ Utility	
Are you	ı a partner of	an LLC or LLF	? □Yes	□No	I						
Dem	ograpl	nic Profi	le								
The fo and se	ollowing quest ervices. NAIC	tions are optiona OP uses this info	al and your r rmation to tr	esponses will be held ack trends and ensur	d in strict confidential re that the needs of c	lity. The information will our diverse membership	only be us are being	ed to assist i met.	NAIOP in the developme	nt of new products	
Birthdate: Gender Identit			y : □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:					
		Month/Day/Yea	r		□ Female	☐ Prefer not to resp	ond				
Race	and Ethnic	dentity									
	American Indi	ian or Native Ala	ıskan		Hispanic/Latinx			☐ Prefer r	not to respond		
$\Box A$	☐ Asian, Pacific Islander or Native Hawaiian ☐			Middle Eastern or North African			☐ Prefer to self-describe:				
	Black or Africa	an American			White						
How	Did Y	ou Hear	About	Us?							
□NA	NOP Chapter					☐ Phone Call					
□ NA	NOP Confere	nce (event)	□ Media					
□NA	NOP Website					☐ Social Media					
□Ме	ember Referra	al (name)	☐ Personal Researc	ch				
□ Dir	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.

NAIOP MEMBERSHIP APPLICATION—Page 2	Name							
Membership Category								
☐ Principal Full Member (First): \$1250 The first person employed by an organization whose primary business is development, owne \$286.90)	ership, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$675 You must be the second or third person from the principal member firm, within the same challenges.	pter (Dues that may not be deducted as a business expense: \$159.25)							
☐ Associate Full Member (First): \$1250 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$286.90)							
Associate Affiliate Member (Second and Third): \$675 on 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: \$159.25)								
☐ Corporate Affiliate Member (Fifth): \$450 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: \$121.75)							
☐ Corporate Affiliate Member (Sixth and each additional): \$375 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: \$94.75)							
☐ Developing Leader Member: \$375 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: \$91.50)	accompany this application or your membership cannot be fully activated.*							
☐ Student Member: \$75 Any full-time student, who is not employed full-time, is eligible. *A copy of your Student IL your membership can be fully activated.* (Dues that may not be deducted as a business expe								
☐ Academician Member: \$650 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: \$150.25)							
☐ Public Official Member: \$650 Any individual employed by a local, state, or federal government or non-profit organization. (to	Dues that may not be deducted as a business expense: \$150.25)							
☐ Public Official Affiliate Member: \$500 You must be the second or subsequent person from the organization joining the same chapter	er as the Public Official member. (Dues that may not be deducted as a business expense: \$96.25)							
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)							
company paid for or reimbursed you for the membership.	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 expanse.	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 Member-	,							

ship Department at 800-456-4144.

 \square Invoice me for my membership

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