

## **2023 MEMBERSHIP APPLICATION**

## Nashville Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fi	rst MI Last)						NICKNAME				
TITLE				COMPANY					WEBSITE		
				001411 71111					WEDONE		
BUSINES	S ADDRESS					CITY		STA	TE/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE			EMAIL			
HOME AD	DDRESS (Stree	et address, Apt.	#, City, State	e/Province, Zip/Posta	I Code)			□YE	ES, please send <i>Developmen</i>	f magazine to my home.	
Mem	ıber Pr	ofile									
Specific	areas in wh	nich I am prin	narily invol	ved (select ALL t	hat apply):	described I I I March	llas III II s Calar	- Minad	II.	L	
			-	·	□ Re		lical/Life Scier er	nces 🗆 Mixed-	Use □ Multi-Fami	ly 🗆 Office	
		Business ( <u>se</u>	iect ONE):		455004	TC Mambara a	ro.				
	CIPAL Mem			(D)	ASSOCIA  □ Academici	TE Members a an □ Commu		□ Environmental	☐ Landscaper	☐ Supplier	
☐ Asse	t Manager Joner	☐ Investor	⊔Ow	ner (Property)	□ Accountan				☐ Property Manager	☐ Supplier	
_ Deve	юрсі				☐ Architect	☐ Contrac	ctor	☐ Insurance	☐ Public Official	☐ Title Company	
					☐ Attorney	☐ Econon	nic Dev	☐ Interior Design	☐ Publisher	☐ Utility	
					☐ Broker	☐ Engine	er l	☐ Land Planner	☐ Service Provider		
Are you	a partner o	f an LLC or L	. <b>LP?</b> □Ye	s □No							
Dem	ograpl	hic Pro	file								
					e held in strict confide ensure that the needs				NAIOP in the developme	nt of new products	
Birthdate : Gender Identity				entity: 🗆 Male	☐ Nonbir	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:			
		Month/Day/	Year		☐ Female	☐ Prefer	not to respon	d			
Race	and Ethnic	c Identity									
					☐ Hispanic/Latinx	Hispanic/Latinx			☐ Prefer not to respond		
					☐ Middle Eastern	Middle Eastern or North African			☐ Prefer to self-describe:		
	Black or Afric	an American			☐ White					<del></del>	
How	Did Y	ou Hea	r Aboı	ut Us?							
□ NA	NOP Chapter	r				☐ Phone	Call				
□ NA	□ NAIOP Conference (event				)	☐ Media	☐ Media				
□ NA	NOP Website	ė				☐ Social	Media				
□М∈	ember Referr	al (name			)	☐ Persor	nal Research				
□ 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.

Membership Category								
☐ Principal Full Member (First): \$875  The first person employed by an organization whose primary business is development, owne \$87.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$530 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): \$875 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$87.10)							
☐ Associate Affiliate Member (Second and Third): \$530 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): \$355 The fourth and each additional person within the same company and same chapter qualif	fy for this discount. (Dues that may not be deducted as a business expense: \$22.75)							
□ Developing Leader Member: \$305  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: \$19.50)	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 It your membership can be fully activated.* (Dues that may not be deducted as a business expe	D and current class schedule are required and must accompany this application before ense: \$2.47)							
☐ Academician Member: \$530 Any full-time professor who is not otherwise employed in the commercial real estate industry	r. (Dues that may not be deducted as a business expense: \$42.25)							
☐ Public Official Member: \$530 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: \$530 You must be the second or subsequent person from the organization joining the same chapt	ter 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 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							
	<i>y</i> • • • • • • • • • • • • • • • • • • •							
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. However, most of the dues amount may be deducted as a business expense.	Name of Cardholder (please print)  CVV  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  Vous membership will become active when payment is received and processed.							

Name\_

NAIOP MEMBERSHIP APPLICATION—Page 2