

2023 MEMBERSHIP APPLICATION

New Jersey Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fi	irst MI Last)						_		NICKNAME		
TITLE				COMPANY						MEDCITE	
IIILE				COMPANY					\	WEBSITE	
BUSINES	SS ADDRESS					CIT	Υ		STAT	TE/PROVINCE	ZIP/POSTAL CODE
PHONE			FAX			MOBILE			EMAIL		
HOME A	DDRESS (Stree	et address, Ap	ot. #, City, State	e/Province, Zip/Post	al Code)				□YES	S, please send <i>Development</i>	magazine to my home.
Mem	nber Pr	ofile									
Specific	areas in wh	nich I am pri	marily invol	ved (select ALL	that ap	ply): □ Industi	rial ☐ Medical/Life So	ciences	☐ Mixed-U	Jse □ Multi-Fami	ly 🗆 Office
Persona	al Scope of E	Business (<u>s</u>	elect ONE):			☐ Retail	☐ Other				
PRINC	CIPAL Mem	nbers are:				ASSOCIATE .	Members are:				
□ Asse	t Manager	☐ Investor	□ Ow	ner (Property)		☐ Academician	☐ Communications	□ Envi	ronmental	☐ Landscaper	☐ Supplier
□ Deve	eloper					☐ Accountant	☐ Consultant	☐ Fina	ncier	☐ Property Manager	☐ Telecomm
						☐ Architect	☐ Contractor	□ Insu	rance	☐ Public Official	☐ Title Company
						☐ Attorney	☐ Economic Dev	☐ Inter	ior Design	☐ Publisher	☐ Utility
						☐ Broker	☐ Engineer	□ Land	l Planner	☐ Service Provider	
Are you	ı a partner o	f an LLC or	LLP? □Y€	es □No							
Dem	ograp	hic Pro	ofile								
							lity. The information will our diverse membership			NAIOP in the developme.	nt of new products
Birth	date: _			Gender I	dentity	': □ Male	□ Nonbinary or ger	nderfluid	☐ Prefer	to self-describe:	
		Month/Day	y/Year			☐ Female	☐ Prefer not to resp	oond			
Race	and Ethnic	c Identity									
	American Ind	_	e Alaskan		П	Hispanic/Latinx			□ Prefer r	not to respond	
					Middle Eastern or North African			☐ Prefer to self-describe:			
	Black or Afric					White					
How	Did Y	ou Hea	ar Abo	ut Us?							
□ NA	AIOP Chapter	r					☐ Phone Call				
□NA	AIOP Confere	ence (event ₋)	☐ Media				
□ NA	AIOP Website	е					☐ Social Media				
□М€	ember Referr	ral (name)	☐ Personal Resear	ch			
☐ Dir	rect 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): \$1400 The first person employed by an organization whose primary business is development, owne \$637.00)	ership, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$685 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: \$303.55)								
☐ Associate Full Member (First): \$1400 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$637.00)							
☐ Associate Affiliate Member (Second and Third): \$685 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: \$303.55)								
□ Corporate Affiliate Member (Fourth and each additional): \$285 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: \$108.55)								
☐ Developing Leader Member: \$395 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: \$191.10)	accompany this application or your membership cannot be fully activated.*							
☐ Student Member: \$50 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: \$26.65)							
☐ Academician Member: \$595 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: \$233.35)							
☐ Public Official Member: \$460 Any individual employed by a local, state, or federal government or non-profit organization. (I	Dues that may not be deducted as a business expense: \$128.05)							
☐ Public Official Affiliate Member: \$450 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: \$120.25)							
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							
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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_

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