

2023 MEMBERSHIP APPLICATION

North Carolina Piedmont Triad Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof						
NAME (Fir	rst MI Last)						1	NICKNAME		
TITLE				COMPANY					WEBSITE	
BUSINES	S ADDRESS				CIT	Y		STAT	E/PROVINCE	ZIP/POSTAL CODE
PHONE			FAX		MOBILE		I	EMAIL		
HOME AD	DRESS (Stree	et address, Ap	t. #, City, State/F	Province, Zip/Postal Cod	e)			□YES	S, please send <i>Development</i>	magazine to my home.
Mem	ber Pr	ofile								
			-	ed (select ALL that a	apply): ☐ Industr	rial □ Medical/Life So	ciences	☐ Mixed-L	lse □ Multi-Famil	y □ Office
	•	Business (<u>se</u>	elect ONE):		10000475					
PRINC	CIPAL Mem	ibers are:			ASSOCIATE					
	Manager	☐ Investor	□ Own	er (Property)	☐ Academician ☐ Accountant	☐ Communications☐ Consultant	□ Envi	ronmental ncier	□ Landscaper□ Property Manager	☐ Supplier☐ Telecomm
☐ Devel	lopei				□ Architect	□ Contractor	□ Insu		☐ Public Official	☐ Title Company
					☐ Attorney	☐ Economic Dev		ior Design	☐ Publisher	☐ Utility
					☐ Broker	☐ Engineer	□ Land	l Planner	☐ Service Provider	
Are you	a partner o	f an LLC or	LLP? □Yes	□No						
Dem	ograpl	hic Pro	ofile							
The fo	llowing ques ervices. NAIC	stions are opt OP uses this	tional and your information to	responses will be he track trends and ensu	ld in strict confidentia ure 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 developmer	nt of new products
Birtho	date: _			Gender Identi	ty: □ Male	□ Nonbinary or gen	nderfluid	☐ Prefer	to self-describe:	
		Month/Day	// Year		☐ Female	☐ Prefer not to resp	oond			
Race	and Ethnic	c Identity								
		lian or Native	e Alaskan] Hispanic/Latinx			☐ Prefer ı	not to respond	
				Middle Eastern or North African			☐ Prefer to self-describe:			
	Black or Afric	an Americar	١] White					
How	Did Y	ou Hea	ar Abou	t Us?						
□ NA	IOP Chapter	r				☐ Phone Call				
□ NA	IOP Confere	ence (event _)	☐ Media				
□ NA	IOP Website	9				☐ Social Media				
□ Me	mber Referr	al (name)	☐ Personal Researc	ch			
□ Dir	ect Mail					□ Other (١

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.

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Membership Category	
☐ Principal Full Member (First): \$750 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): \$450 You must be the second or third person from the principal member firm, within the same chap	pter (Dues that may not be deducted as a business expense: \$42.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$250 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: \$22.75)
☐ Associate Full Member (First): \$750 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$87.10)
☐ Associate Affiliate Member (Second and Third): \$450 You must be the second or third person from the associate member firm, within the same cha	apter. (Dues that may not be deducted as a business expense: \$42.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$275 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: \$22.75)
☐ Developing Leader Member: \$295 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)	occompany 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 IL your membership can be fully activated.* (Dues that may not be deducted as a business expe	
☐ Academician Member: \$450 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: \$42.25)
☐ Public Official Member: \$450 Any individual employed by a local, state, or federal government or non-profit organization. (t	Dues that may not be deducted as a business expense: \$42.25)
☐ Public Official Affiliate Member: \$450 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: \$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	(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
Cignatura	Total Payment Authorized \$
Signature By signing above, I acknowledge that I will accept emails, faxes, and	□ VISA □ MasterCard □ AMEX
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 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 will not be processed without actual payment.
★ Questions about NAIOP's Refund Policy? Please call the Member- ship Department at 800-456-4144.	☐ Invoice me for my membership Your membership will become active when payment is received and processed.