

2023 MEMBERSHIP APPLICATION

Oregon Chapter

LIMI LIMIS LIMIS LIDI	⊔Prof							
NAME (First MI Last)				N	NICKNAME			
TITLE	COMPANY					VEBSITE		
BUSINESS ADDRESS		CITY	(STAT	E/PROVINCE	ZIP/POSTAL CODE	
PHONE FAX		MOBILE		E	EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Pro	ovince, Zip/Postal Code)				□YES	S, please send <i>Development</i>	magazine to my home.	
Member Profile								
Specific areas in which I am primarily involved	d (coloct ALL that are	alv).						
Specific areas in which I am primarily involved	a (Select ALL that app			ciences	☐ Mixed-U	se 🗆 Multi-Famil	y 🗆 Office	
Personal Scope of Business (select ONE):		☐ Retail	□ Other					
PRINCIPAL Members are:		ASSOCIATE I	Members are:					
☐ Asset Manager ☐ Investor ☐ Owner	r (Property)	☐ Academician	\square Communications	☐ Envir	ronmental	□ Landscaper	☐ Supplier	
□ Developer		☐ Accountant	☐ Consultant	☐ Finar	ncier	☐ Property Manager	☐ Telecomm	
		☐ Architect	☐ Contractor	□ Insur	ance	☐ Public Official	☐ Title Company	
		☐ Attorney	☐ Economic Dev		or Design	☐ Publisher	☐ Utility	
		☐ Broker	☐ Engineer	∐ Land	Planner	☐ Service Provider		
Are you a partner of an LLC or LLP? ☐Yes	□No							
Demographic Profile								
The following questions are optional and your r and services. NAIOP uses this information to tr						NAIOP in the developmer	nt of new products	
Birthdate : Gender Identity		: □ Male	□ Nonbinary or gen	genderfluid		fer to self-describe:		
		☐ Female	☐ Prefer not to respond					
Race and Ethnic Identity								
☐ American Indian or Native Alaskan	Пн	lispanic/Latinx			□ Prefer r	not to respond		
		•	ddle Eastern or North African			□ Prefer to self-describe:		
□ Black or African American □ White								
How Did You Hear About	Us?							
☐ NAIOP Chapter			☐ Phone Call					
□ NAIOP Conference (event)	□ Media					
□ NAIOP Website			☐ Social Media					
☐ Member Referral (name)	☐ Personal Researc	ch				
☐ Direct 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): \$950 The first person employed by an organization whose primary business is development, ownes \$138.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:
☐ Principal Affiliate Member (Second and Third): \$475 You must be the second or third person from the principal member firm, within the same cha	upter (Dues that may not be deducted as a business expense: \$67.25)
☐ Associate Full Member (First): \$950 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$138.10)
☐ Associate Affiliate Member (Second and Third): \$475 You must be the second or third person from the associate member firm, within the same ch	napter. (Dues that may not be deducted as a business expense: \$67.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$300 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: \$47.75)
☐ Developing Leader Member: \$300 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: \$44.50)	accompany this application or your membership cannot be fully activated.*
☐ Student Member: \$44 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: \$7.47)
☐ Academician Member: \$475 Any full-time professor who is not otherwise employed in the commercial real estate industry	I. (Dues that may not be deducted as a business expense: \$67.25)
☐ Public Official Member: \$475 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: \$67.25)
☐ Public Official Affiliate Member: \$475 You must be the second or subsequent person from the organization joining the same chapt	ler as the Public Official member. (Dues that may not be deducted as a business expense: \$67.25)
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 \$
Silip.	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. 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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