

2023 MEMBERSHIP APPLICATION

Sacramento Valley Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fir	st MI Last)							N	IICKNAME		
TITLE				COMPANY						/EBSITE	
11112				COMI AIVI					•	EDOTTE	
BUSINESS	SADDRESS					CIT	(STAT	E/PROVINCE	ZIP/POSTAL CODE
PHONE			FAX			MOBILE		E	MAIL		
HOME AD	DRESS (Stree	et address, Apt. #	, City, State	/Province, Zip/Posta	al Code)				□YES	, please send <i>Development</i>	magazine to my home.
Mem	ber Pr	ofile									
Specific	areas in wh	nich I am prim	arily involv	ved (select ALL	that app	oly): 🔲 Industr	ial □ Medical/Life So	ciences	☐ Mixed-U:	se □ Multi-Famil	y □ Office
Personal	I Scope of F	Business (sele	oct ONF)			☐ Retail	□ Other				-
	IPAL Mem		.ct ONL			ASSOCIATE I	Memhers are:				
				ner (Property)		☐ Academician	□ Communications	□ Fnvir	onmental	□ Landscaper	☐ Supplier
☐ Devel	Manager oper	☐ Investor	□ Owi	iei (Property)		☐ Accountant	☐ Consultant	☐ Finar		☐ Property Manager	☐ Telecomm
	opo.					☐ Architect	☐ Contractor	☐ Insur	ance	☐ Public Official	☐ Title Company
						☐ Attorney	☐ Economic Dev	☐ Interi	or Design	☐ Publisher	_ Utility
						☐ Broker	☐ Engineer	☐ Land	Planner	☐ Service Provider	
Are you	a partner o	f an LLC or Ll	.P? □Ye:	s □No							
Dem	ograp	hic Prof	ile								
							ity. The information will our diverse membership			IAIOP in the developmer	nt of new products
Birtho	rthdate: Gender Identit			dentity	: □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:			
		Month/Day/Ye	ear			☐ Female	☐ Prefer not to resp	oond			
Race	and Ethnic	c Identity									
□ A	merican Ind	lian or Native A	laskan		□⊦	lispanic/Latinx			☐ Prefer n	ot to respond	
□ A					Middle Eastern or North African				☐ Prefer to self-describe:		
	Black or Afric	an American			□V	Vhite					
Ном	Did V	ou Hear	· Aboı	ıt He?							
HOW	Diu i	ou Heal	ADUL	it 05 :							
□ NA	IOP Chapter	r					☐ Phone Call				
□ NA	IOP Confere	ence (event)	☐ Media				
□ NA	IOP Website	e					☐ Social Media				
□ Me	mber Referr	al (name)	☐ Personal Research	ch			
□ Dire	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): \$845 The first person employed by an organization whose primary business is development, ownes \$147.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$500 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: \$102.25)								
☐ Associate Full Member (First): \$845 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$147.10)							
☐ Associate Affiliate Member (Second and Third): \$500 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: \$102.25)								
☐ Corporate Affiliate Member (Fourth and each additional): \$325 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: \$82.75)							
☐ Developing Leader Member: \$325 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: \$79.50)	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: \$12.47)							
☐ Academician Member: \$500 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: \$102.25)							
☐ Public Official Member: \$500 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: \$102.25)							
☐ Public Official Affiliate Member: \$500 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: \$102.25)							
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							
	J							
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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