

2023 MEMBERSHIP APPLICATION

San Diego Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (First MI Last)							NICKNAME				
TITLE				COMPANY					VEBSITE		
IIILE				COMPANT				V	VEDSITE		
BUSINES	S ADDRESS				CITY	,		STAT	E/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE			EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code					e)	□YES, please send <i>Development</i> magazine to my home.					
Mem	ıber Pr	ofile									
Specific	areas in wh	nich Lam primar	rily involved	d (select ALL that a	innly):						
Opcomo	urous iii wii	non rum primu	ing involved	(Soloot File that t	□ Industri	ial ☐ Medical/Life So☐ Other	ciences	☐ Mixed-U	se 🗆 Multi-Famil	y □ Office	
Persona	I Scope of E	Business (<u>selec</u>	t ONE):		L Relaii	□ Ottlel					
PRINCIPAL Members are: ASSOCIATE Members are:											
☐ Asset	t Manager	☐ Investor	□ Owner	(Property)	☐ Academician	\square Communications	□ Envi	ronmental	□ Landscaper	☐ Supplier	
☐ Deve	loper				☐ Accountant	☐ Consultant	☐ Fina	ncier	☐ Property Manager	☐ Telecomm	
					☐ Architect	□ Contractor	□ Insu		□ Public Official	☐ Title Company	
					☐ Attorney	☐ Economic Dev		ior Design I Planner	□ Publisher	☐ Utility	
					□ Broker	☐ Engineer	□ Lanc	i Piannei	☐ Service Provider		
Are you	a partner of	f an LLC or LLF	P? □Yes	□No							
Dem	ograpl	hic Profi	le								
The fo and se	ollowing ques ervices. NAIC	ations are optiona OP uses this info	al and your i rmation to tr	esponses will be he ack trends and ensu	ld in strict confidential ure that the needs of o	ity. The information will ur diverse membership	only be us are being	ed to assist l met.	NAIOP in the developmen	nt of new products	
Birthdate : Gender Identity			ty: □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:					
		Month/Day/Yea	ľ		☐ Female	☐ Prefer not to resp	oond				
Race	and Ethnic	c Identity									
$\Box A$	American Ind	lian or Native Ala	askan	Г] Hispanic/Latinx			□ Prefer n	not to respond		
				' Middle Eastern or North African			□ Prefer to self-describe:				
				White							
How	Did Y	ou Hear	About	Us?							
□ NA	NOP Chapter	r				☐ Phone Call					
□ NA	NOP Confere	ence (event)	☐ Media					
□ NA	NOP Website	9				☐ Social Media					
□Ме	ember Referra	al (name)	☐ Personal Researc	ch				
☐ 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): \$845 The first person employed by an organization whose primary business is development, ownes \$117.10)	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 cha	upter (Dues that may not be deducted as a business expense: \$72.25)							
☐ 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: \$117.10)							
☐ 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: \$72.25)								
☐ Corporate Affiliate Member (Fourth and each additional): \$250 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: \$37.75)							
☐ 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: \$69 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	r. (Dues that may not be deducted as a business expense: \$72.25)							
☐ 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: \$72.25)							
☐ 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: \$72.25)							
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_

NAIOP MEMBERSHIP APPLICATION—Page 2