

## **2023 MEMBERSHIP APPLICATION**

## South Florida Chapter

| □Mr                                   | □Ms                         | □Mrs                 | □Dr                 | □Prof                  |                                 |  |  |                            |  |                      |  |
|---------------------------------------|-----------------------------|----------------------|---------------------|------------------------|---------------------------------|--|--|----------------------------|--|----------------------|--|
| NAME (Fi                              | rst MI Last)                |                      |                     |                        |                                 | _  | N  | ICKNAME                    |  |                      |  |
| TITLE                                 |                             |                      |                     | COMPANY                |                                 |  |  |                            | /EBSITE  |                      |  |
| BUSINES                               | S ADDRESS                   |                      |                     |                        | CIT                             | Υ  |  | STAT                       | E/PROVINCE   | ZIP/POSTAL CODE      |  |
| PHONE                                 |                             |                      | FAX                 |                        | MOBILE                          |  | E  | MAIL                       |  |                      |  |
| HOME AD                               | DDRESS (Stree               | et address, Ap       | t. #, City, State/I | Province, Zip/Postal C | ode)                            |  |  | □YES                       | , please send <i>Development</i>                         | magazine to my home. |  |
| Mem                                   | ıber Pr                     | ofile                |                     |                        |                                 |  |  |                            |  |                      |  |
|                                       |                             |                      | marily involv       | ed (select ALL tha     | t anniv):                       |  |  |                            |  |                      |  |
| opcomo                                | urcus III Wi                | nen ram pm           | marny mvorv         | ou (Sciect MEE tha     | □ Indust                        | rial ☐ Medical/Life So☐ Other                        | ciences                                    | ☐ Mixed-U                  | se 🗆 Multi-Fami  | ly 🗆 Office          |  |
| Persona                               | I Scope of E                | Business ( <u>se</u> | elect ONE):         |                        | L Retail                        | □ Ottlei   |  |                            |  |                      |  |
| PRINC                                 | CIPAL Mem                   | nbers are:           |                     |                        | ASSOCIATE                       | Members are:   |  |                            |  |                      |  |
| ☐ Asset                               | t Manager                   | ☐ Investor           | □ Own               | er (Property)          | ☐ Academician                   | ☐ Communications                                     | ☐ Enviro                                   | onmental                   | ☐ Landscaper   | ☐ Supplier           |  |
| □ Deve                                | loper                       |                      |                     |                        | ☐ Accountant                    | ☐ Consultant   | ☐ Finan                                    | icier                      | ☐ Property Manager                                       | ☐ Telecomm           |  |
|                                       |                             |                      |                     |                        | ☐ Architect                     | ☐ Contractor   | ☐ Insura                                   |                            | ☐ Public Official  | ☐ Title Company      |  |
|                                       |                             |                      |                     |                        | ☐ Attorney ☐ Broker             | <ul><li>□ Economic Dev</li><li>□ Engineer</li></ul>  | <ul><li>□ Interio</li><li>□ Land</li></ul> | or Design<br>Planner       | <ul><li>☐ Publisher</li><li>☐ Service Provider</li></ul> | ☐ Utility            |  |
| Are you                               | a partner o                 | f an LLC or          | <b>LLP?</b> □Yes    | □No                    |                                 | <b>J</b>   |  |                            |  |                      |  |
| Dem                                   | ograp                       | hic Pro              | ofile               |                        |                                 |  |  |                            |  |                      |  |
|                                       |                             |                      |                     |                        |                                 | lity. The information will<br>our diverse membership |  |                            | IAIOP in the developme.                                  | nt of new products   |  |
| Birtho                                | Birthdate : Gender Identity |                      |                     | ntity: □ Male          | □ Nonbinary or ger              | □ Nonbinary or genderfluid                           |  | ☐ Prefer to self-describe: |  |                      |  |
|                                       |                             | Month/Day            | ı/Year              |                        | ☐ Female                        | ☐ Prefer not to resp                                 | pond                                       |                            |  |                      |  |
| Race                                  | and Ethnic                  | c Identity           |                     |                        |                                 |  |  |                            |  |                      |  |
| ☐ American Indian or Native Alaskan ☐ |                             |                      |                     | ☐ Hispanic/Latinx      | Hispanic/Latinx                 |  |  | ☐ Prefer not to respond    |  |                      |  |
|                                       |                             |                      |                     | ☐ Middle Eastern or N  | Middle Eastern or North African |  |  | ☐ Prefer to self-describe: |  |                      |  |
| ☐ Black or African American ☐         |                             |                      |                     | ☐ White                | White                           |  |  |                            |  |                      |  |
| How                                   | Did Y                       | ou Hea               | ar Abou             | t Us?                  |                                 |  |  |                            |  |                      |  |
| □ NA                                  | JOP Chapter                 | r                    |                     |                        |                                 | ☐ Phone Call   |  |                            |  |                      |  |
| □ NA                                  | NAIOP Conference (event     |                      |                     |                        | )                               | ☐ Media  |  |                            |  |                      |  |
| □ NAIOP Website                       |                             |                      |                     |                        | ☐ Social Media                  |  |  |                            |  |                      |  |
|                                       |                             |                      |                     |                        | )                               | ☐ Personal Resear                                    | ch   |                            |  |                      |  |
|                                       | 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): \$925 The first person employed by an organization whose primary business is development, own \$146.90)   | ership, asset management or investment. (Dues that may not be deducted as a business expense:   |  |  |  |  |  |  |  |
| ☐ Principal Affiliate Member (Second and Third): \$565 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: \$98.15 )  |   |  |  |  |  |  |  |  |
| ☐ Associate Full Member (First): \$925 The first person employed by an organization providing products and services. (Dues that may  | y not be deducted as a business expense: \$146.90)  |  |  |  |  |  |  |  |
| ☐ Associate Affiliate Member (Second and Third): \$565 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: \$98.15)  |   |  |  |  |  |  |  |  |
| □ Corporate Affiliate Member (Fourth and each additional): \$390 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: \$78.65)  |   |  |  |  |  |  |  |  |
| □ Developing Leader Member: \$275  To qualify, you must be 35 years of age or less (born 1986 or later). *Proof of age must of (Dues that may not be deducted as a business expense: \$45.50)  | accompany this application or your membership cannot be fully activated.*   |  |  |  |  |  |  |  |
| ☐ Student Member: \$19  Any full-time student, who is not employed full-time, is eligible. * A copy of your Student ID and current class schedule are required and must accompany this application before your membership can be fully activated.* (Dues that may not be deducted as a business expense: \$2.47) |   |  |  |  |  |  |  |  |
| ☐ Academician Member: \$580  Any full-time professor who is not otherwise employed in the commercial real estate industry  | J. (Dues that may not be deducted as a business expense: \$102.05)  |  |  |  |  |  |  |  |
| ☐ Public Official Member: \$580  Any individual employed by a local, state, or federal government or non-profit organization.  | (Dues that may not be deducted as a business expense: \$102.05)   |  |  |  |  |  |  |  |
| □ Public Official Affiliate Member: \$565 You must be the second or subsequent person from the organization joining the same chapter as the Public Official member. (Dues that may not be deducted as a business expense: \$98.15)   |   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| 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  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| 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<br>taxes, NAIOP dues are not deductible as a charitable contribution. How-<br>ever, most of the dues amount may be deducted as a business ex-   | Name of Cardholder (please print) CVV   |  |  |  |  |  |  |  |
| pense.   | 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-<br>ship Department at 800-456-4144.   | □ Invoice me for my membership  |  |  |  |  |  |  |  |

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