

2023 MEMBERSHIP APPLICATION

Upstate New York Chapter

□Mr □Ms □Mrs □Dr □Prof						
NAME (First MI Last)	NICK					
TITLE COMPANY					VEBSITE	
BUSINESS ADDRESS	ADDRESS CITY		STATE/PROVINCE ZIP/POSTAL CODE			
PHONE FAX	MOBILE		EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code	e)			□YES	5, please send <i>Development</i>	magazine to my home.
Member Profile						
Member Frome						
Specific areas in which I am primarily involved (select ALL that a	pply): 🗆 Industr	ial ☐ Medical/Life Sc	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 (Property)	□ Academician	☐ Communications	□ Envir	onmental	☐ Landscaper	☐ Supplier
□ Developer	☐ Accountant	☐ Consultant	☐ Finaı		☐ Property Manager	☐ Telecomm
'	☐ 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 of an LLC or LLP? □Yes □No						
Demographic Profile						
The following questions are optional and your responses will be hele and services. NAIOP uses this information to track trends and ensu					NAIOP in the developmen	nt of new products
Birthdate : Gender Identit	y: □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:		
Month/Day/Year	☐ Female	☐ Prefer not to resp	ond			
Race and Ethnic Identity						
☐ American Indian or Native Alaskan ☐	Hispanic/Latinx			☐ Prefer not to respond		
	Middle Eastern or No	orth 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 Research	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): \$770 The first person employed by an organization whose primary business is development, ownes \$87.10)	ership, asset management or investment. (Dues that may not be deducted as a business expense:
☐ Principal Affiliate Member (Second and Third): \$425 You must be the second or third person from the principal member firm, within the same cha	apter (Dues that may not be deducted as a business expense: \$42.25)
☐ Associate Full Member (First): \$770 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$87.10)
☐ Associate Affiliate Member (Second and Third): \$425 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: \$42.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$250 The fourth and each additional person within the same company and same chapter qualit	fy for this discount. (Dues that may not be deducted as a business expense: \$22.75)
□ Developing Leader Member: \$250 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)	accompany this application or your membership cannot be fully activated.*
☐ Student Member: \$38 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: \$2.47)
☐ Academician Member: \$425 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: \$42.25)
☐ Public Official Member: \$425 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$42.25)
☐ Public Official Affiliate Member: \$425 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: \$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 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 taxes, NAIOP dues are not deductible as a charitable contribution. How- 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 Membership Department at 800-456-4144.	☐ Invoice me for my membership

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