

2018 MEMBERSHIP APPLICATION

Chicago Chapter

	naiop	.org											
□Mr	□Ms		IMrs	□Dr	□Prof								
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NAIVIE (FII	st MI Last	.)								NIC	KNAME		
TITLE					COMPAN	IY					W	/EBSITE	
BUSINESS	S ADDRES	S						CITY/ST	ATE			ZIP	
PHONE					FAX			EMAIL					
HOME AD	DRESS (S	treet add	ress, Apt. #,	City, Sta	ate, & Zip)					Πλε	ES, please :	send <i>Developmen</i>	t magazine to my home.
Com	pany	Pro	file										
	of employ Operation	-	my locati d □ Local	on: [⊐ 1-10 I	□ Regiona	⊐ 11-40 al [□ 41-75] National		□ 76-100 □ Intern	ational	□ 101-150	Greater than 151
	s Structu n Federa		rposes)		prporation ivate REIT		ited Liability Corporati Iic REIT	on 🗆 Limited	-		□ Non □ Sub	-Profit Chapter	□ Partnership
Areas of	Involver	nent (se	lect all that	at appl	y): 🗆 Indus	strial 🗆	Medical/Life Science	s 🗆 Mixed-	Use	🗆 Multi	-Family	□ Office	□ Retail
My company is involved in the development of green (environmentally sustainable) properties or provides green products/services:													
Square f	eet owne	d or ma	naged:		ess than 1 Mi	illion [□ 1-2.5 Million	2.6-5 Million	□ 5	5.1-7.5 Millio	n 🗆	7.6-10 Million	□ 10.1 Million or more
Corporat	te Scope	of Busi	ness (sele	ct one):								
Associa Acade Accou Accou Archite Attorn Broker	intant ect ey		mmunicatic nsultant ntractor onomic Dev gineer	I	Environme Financier Insurance Interior De Land Planr	sign [Landscape Architec Property Manager Public Official Publisher Service Provider	t Supplier Telecomm Title Comp Utility		Principal	Nanager	Developer	□ Owner (Property)
Mem	ber F	Profi	le										
Specific	areas in v	which I	am prima	rily inv	olved (select	all that a	oply): □ Industria □ Retail	□ Medical/Li	fe Science	es 🗆 Mi	xed-Use	□ Multi-I	Family 🗆 Office
l'm invol	ved in the	e devel	opment of	green	(environmen	tally susta	ainable) properties,	products, or ser	vices: 🗆]Yes □N	lo		
Industry	topics of	interes	st (select a	II that	apply): [☐ Advocad	cy 🗆 Busir	ness Mgmt.	Devel	opment	□F	inance	□ Marketing/Leasing
Personal	l Scope o	f Busin	ess (selec	t one):									
Associa	intant ect		mmunicatio nsultant ntractor pnomic Dev		Environme Financier Insurance Interior De		Landscape Architec Property Manager Vublic Official Vublisher	t Supplier Telecomm Title Comp Utility		Principal I	<i>l</i> lanager	Developer	Owner (Property)
Broke	r	🗆 Enç	gineer		Land Planr	ner 🗆	Service Provider					via fax at 703-90 an application at	pplication and return it to NAIOP 04-7942. You may also complete www.naiop.org. P Call 800-456-4144.

Are you a partner or a member of an LLC or LLP? $\hfill Yes$ $\hfill No$

Member-

Principal Full Member: \$820

The first individual employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$131.99)

□ Principal Affiliate Member: \$455

You must be the second or subsequent person from the principal member firm, within the same chapter (Dues that may not be deducted as a business expense: \$64.02)

□ Associate Full Member: \$820

The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$131.99)

□ Associate Affiliate Member: \$455

You must be the second or subsequent person from the associate member firm, within the same chapter. (Dues that may not be deducted as a business expense: \$64.02)

Chapter-Based Corporate Membership (First 4 members): \$2000

Please select one: Principal Associate Four or more individuals within the same company and same chapter qualify for this discount. Primary contact should be listed above; list others on a separate sheet. Add'I members: \$270 (Dues that may not be deducted as a business expense: \$294.52)

□ Developing Leader Member: \$190

To qualify, you must be 35 years of age or less. ******Proof of age must accompany this application or your membership cannot be fully activated.****** Developing Leader membership is excluded from qualifying for a chapter-based corporate membership. (Dues that may not be deducted as a business expense:\$29.55)

□ Student Member: \$35

Any full-time student, not employed full-time, is eligible. *A copy of your Student ID and your most recent 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: \$3.74)

□ Academician Member: \$425

Any full-time professor who is not otherwise employed in the commercial real estate industry. (Dues that may not be deducted as a business expense: \$64.02)

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: \$64.02)

Public Official Affiliate Member: \$425

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: \$64.02)

How Did You Hear About Us?

Local Chapter	
NAIOP Conference (event)
NAIOP Website	
Member Referral (name	_)
Direct Mail	
Phone Call	
Media	
Personal Research	
Social Media	
Other (_)

Demo-

The following questions are optional and your responses will be held in strict confidentiality. The information will only be used to assist NAIOP in the development of new products and services. NAIOP uses this information to track trends and ensure that the needs of our diverse membership are being met.

Year of Birth:	Gender: 🗆 Male	Female

Ethnic Background:

□ African American
 □ Asian, Pacific Islander or Native Hawaiian
 □ Hispanic
 □ American Indian or Native Alaskan
 □ Caucasian
 □ Other

Membership Agreement

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.

Signature

By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.

Payment Information

(from selected Membership Category)

	P Dues Member Processing Fee (one-time)	\$+ \$20				
Total	Payment Authorized	\$				
	SA 🗆 MasterCard 🗆 AMEX					
Credit	Card Number	Exp. Date				
Name	of Cardholder (please print)					
Billing	Billing Address (if different from main contact information)					
□ 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.						
□ Invoice me for my membership Your membership will become active when payment is received and processed.						
(Pleas charita	★ NAIOP dues are for 12 months of membership, except for corporate affiliates. (Please call for details). 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.					
* Th	e \$20 processing fee is a one-time fee an	nd will not appear on renewal notices.				
	estions about NAIOP's Refund Policy? Pl -456-4144.	Please call the Membership Department				

Please fax both pages of your completed application (and any accompanying documentation) to: 703-904-7942 Mail application with payment (and any accompanying documentation) to: NAIOP, PO Box 223353, Chantilly, VA 20153-3353