

2019 MEMBERSHIP APPLICATION

Chicago Chapter

naiop.org										
□Mr	□Ms	□Mrs	□Dr	□Prof						
NAME (Fire	st MI Last)					NICKNAME			
TITLE				COMPANY			V	VEBSITE		
BUSINESS	S ADDRES	S				CITY/STATE		ZIP		
PHONE				FAX		EMAIL				
HOME AD	DRESS (S	treet address, Apt. #	, City, Sta	te, & Zip)			□YES, please	send <i>Development</i>	magazine to my home.	
Com	pany	Profile								
Number of C		yees at my locati	ion:	□ 1-10	□ 11-40 egional □	☐ 41-75 ☐ National	☐ 76-100 ☐ International	□ 101-150	☐ Greater than 151	
Business	s Structu				□ Limited Liability Corporati □ Public REIT	on ☐ Limited Liability ☐ Sole Proprietors	•	n-Profit o Chapter	□ Partnership	
Areas of	Involven	nent (select all th	at apply): 🗆 Industrial	☐ Medical/Life Science	s 🗆 Mixed-Use	☐ Multi-Family	☐ Office	☐ Retail	
My comp	oany is in	volved in the dev	velopme	ent of green (envi	ironmentally sustainable)	properties or provides	green products/servi	ces: □Yes [□No	
Square fe	eet owne	d or managed:		ess than 1 Million	☐ 1-2.5 Million [□ 2.6-5 Million □] 5.1-7.5 Million □	7.6-10 Million	☐ 10.1 Million or more	
Corporat	te Scope	of Business (sel	ect one)	:						
Associa Acade Accou Archite Attorne Broker	intant ect ey	Consultant Contractor Economic De]] V•	☐ Environmental ☐ Financier ☐ Insurance ☐ Interior Design ☐ Land Planner	☐ Landscape Architec ☐ Property Manager ☐ Public Official ☐ Publisher ☐ Service Provider	t □ Supplier □ Telecomm □ Title Company □ Utility	Principal Member ☐ Asset Manager ☐ Investor	□ Developer	□ Owner (Property)	
		Profile which I am prima	arily invo	olved (select all t	11.57	□ Medical/Life Scier	nces	□ Multi-F	amily □ Office	
Industry	topics of	e development o interest (select f Business (selec	all that a		☐ Retail r sustainable) properties, dvocacy ☐ Busin			Finance	☐ Marketing/Leasing	
Associa Acade Accou Archite Attorne Broker	intant ect ey	coer Communicati Consultant Contractor Economic De]] V•	☐ Environmental☐ Financier☐ Insurance☐ Interior Design☐ Land Planner	☐ Landscape Architec ☐ Property Manager ☐ Public Official ☐ Publisher ☐ Service Provider	t	Principal Member ☐ Asset Manager ☐ Investor	via fax at 703-90	□ Owner (Property) Dication and return it to NAIOP 1-7942. You may also complete	
Are you a partner or a member of an LLC or LLP? □Yes □No							an application at www.naiop.org. Have questions? Call 800-456-4144.			

☐ Member Referral (name _

□ Direct Mail□ Phone Call□ Media

Name								
Demographic Profile								
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 Hispanic Caucasian Asian, Pacific Islander or Native Hawaiian American Indian or Native Alaskan 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)								
NAIOP Dues New Member Processing Fee (one-time) \$ + \$20								
Total Payment Authorized \$								
□ VISA □ MasterCard □ AMEX								
Credit Card Number Exp. Date								
Name of Cardholder (please print)								
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.								
* 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.								

The \$20 processing fee is a one-time fee and will not appear on renewal notices.
 Questions about NAIOP's Refund Policy? Please call the Membership Department

at 800-456-4144.