

2024 MEMBERSHIP APPLICATION

Chicago Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (First MI Last)								1	NICKNAME		
TITLE				COMPANY						VEBSITE	
11112				COMI AIVI					,	VEDOITE	
BUSINESS	S ADDRESS					CIT	Y		STAT	E/PROVINCE	ZIP/POSTAL CODE
PHONE			FAX			MOBILE		E	EMAIL		
HOME AD	DRESS (Stree	et address, Apt.	#, City, State	e/Province, Zip/Post	al Code)				□YES	S, please send <i>Developmeni</i>	magazine to my home.
Mem	ber Pr	ofile									
Specific	areas in wh	nich I am prim	arily invol	ved (select ALL	that ap	oly): 🖂 In december	sial		□ Missa d III	oo 🗆 Mulki Forni	l.
		·	-			☐ Industr	rial ☐ Medical/Life So ☐ Other	riences	☐ Mixed-U	se □ Multi-Fami	ly 🗆 Office
Personal	I Scope of E	Business (<u>sel</u>	ect ONE):		ı	- Notes	□ outo				
PRINC	PRINCIPAL Members are: ASSOCIATE Members are:										
☐ Asset	Manager	☐ Investor	□ Ow	ner (Property)		\square Academician	☐ Communications	☐ Envi	onmental	□ Landscaper	☐ Supplier
☐ Devel	oper					☐ Accountant	☐ Consultant	☐ Finai	ncier	☐ Property Manager	☐ Telecomm
						☐ Architect	□ Contractor	☐ Insur		☐ Public Official	☐ Title Company
						☐ Attorney☐ Broker	☐ Economic Dev☐ Engineer		or Design Planner	☐ Publisher☐ Service Provider	☐ Utility
						L Broker	Linginical	L Lune	T Idillioi	in Scrvice Provider	
Are you	a partner o	f an LLC or L	LP? ⊔Ye	s □No							
Dem	ograp	hic Pro	file								
							lity. The information will our diverse membership			NAIOP in the developme.	nt of new products
Birtho	Birthdate: Gender Identity			dentity	: □ Male	□ Nonbinary or gen	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:		
		Month/Day/Y	ear			☐ Female	☐ Prefer not to resp	oond			
Race	and Ethnic	c Identity									
·					Hispanic/Latinx			☐ Prefer r	Prefer not to respond		
□ A					Middle Eastern or North African				☐ Prefer to self-describe:		
□В	Black or Afric	can American			□V	Vhite					
How	Did Y	ou Hea	r Aboı	ut Us?							
□ NA	IOP Chapter	r					☐ Phone Call				
□ NA	□ NAIOP Conference (event)	☐ Media				
□ NA	IOP Website	e					☐ Social Media				
□ Me	mber Referr	al (name)	☐ Personal Researc	ch			
□ Dire	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): \$875 The first person employed by an organization whose primary business is development, own \$73.70)	ership, asset management or investment. (Dues that may not be deducted as a business expense:								
☐ Principal Affiliate Member (Second and Third): \$490 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: \$35.75)									
☐ Associate Full Member (First): \$875 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$73.70)								
☐ Associate Affiliate Member (Second and Third): \$490 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: \$35.75)									
☐ Corporate Affiliate Member (Fourth and each additional): \$295 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: \$19.25)									
□ Developing Leader Member: \$250 To qualify, you must be 35 years of age or less . * Proof of age must accompany this apy (Dues that may not be deducted as a business expense: \$16.50)	plication or your membership cannot be fully activated.*								
☐ Student Member: \$50 Any full-time student, who is not employed full-time, is eligible. * A copy of your Student I your membership can be fully activated.* (Dues that may not be deducted as a business experience).	D and current class schedule are required and must accompany this application before ense: \$2.09)								
☐ Academician Member: \$450 Any full-time professor who is not otherwise employed in the commercial real estate industry	y. (Dues that may not be deducted as a business expense: \$35.75)								
☐ Public Official Member: \$440 Any individual employed by a local, state, or federal government or non-profit organization. ((Dues that may not be deducted as a business expense: \$35.75)								
□ Public Official Affiliate Member: \$440 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: \$35.75)									
Membership Agreement	Payment Information								
NAIOP memberships are individual, not by company. However, your company may choose to transfer the membership to another individual	(from selected Membership Category)								
at any time if the company paid for or reimbursed you for the member- ship.	NAIOP Dues New Member Processing Fee (one-time) + \$20								
	Total Payment Authorized \$								
Signature	☐ VISA ☐ MasterCard ☐ AMEX								
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.									
	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 expanse.	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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