

2022 MEMBERSHIP APPLICATION

Alabama Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Fir	rst MI Last)						1	NICKNAME			
TITLE				COMPANY					WEBSITE		
DUCINEC	CADDDECC				OIT.	W		CTA	FF/DDOVINGE	ZID/DOCTAL CODE	
BO2INE2	S ADDRESS				CIT	Y		SIAI	FE/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE		I	EMAIL			
HOME AD	DRESS (Stree	et address, Ap	t. #, City, State/	Province, Zip/Postal C	ode)			□YE	S, please send <i>Development</i>	magazine to my home.	
Mem	ıber Pr	ofile									
Specific	areas in wh	nich I am pri	marily involv	ed (select ALL tha	t apply): Indust	rial ☐ Medical/Life S	ciences	☐ Mixed-U	Jse □ Multi-Fami	ly 🗆 Office	
Persona	I Scope of E	Business (<u>se</u>	elect ONE):		☐ Retail	☐ Other					
PRINC	CIPAL Mem	nbers are:			ASSOCIATE	Members are:					
☐ Asset	Manager	☐ Investor	□ Own	er (Property)	☐ Academician	☐ Communications	□ Envi	ronmental	□ Landscaper	☐ Supplier	
☐ Devel	loper				☐ Accountant	☐ Consultant	☐ Fina	ncier	☐ Property Manager	☐ Telecomm	
					☐ Architect	☐ Contractor	☐ Insu	rance	☐ Public Official	☐ Title Company	
					☐ Attorney	☐ Economic Dev	☐ Inter	ior Design	☐ Publisher	☐ Utility	
					☐ Broker	☐ Engineer	□ Land	d Planner	☐ Service Provider		
Are you	a partner o	f an LLC or	LLP? □Yes	□No							
Dem	ograp	hic Pro	ofile								
						lity. The information will our diverse membership			NAIOP in the developme.	nt of new products	
Birthdate : Gender Identity			ntity: □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:					
		Month/Day	// 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			
$\Box A$	☐ Asian, Pacific Islander or Native Hawaiian ☐ I			☐ Middle Eastern or N	Middle Eastern or North African			☐ Prefer to self-describe:			
☐ Black or African American ☐ V				☐ White	White						
How	Did Y	ou Hea	ar Abou	t Us?							
□ NA	JOP Chapte	r				☐ Phone Call					
□ NA	IOP Confere	ence (event)	☐ Media					
	IOP 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.

NAIOP MEMBERSHIP APPLICATION—Page 2	Name
Membership Category	
☐ Principal Full Member (First): \$810 The first person employed by an organization whose primary business is development, owne \$140.70)	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 cha	pter (Dues that may not be deducted as a business expense: \$68.25)
☐ Associate Full Member (First): \$835 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$140.70)
☐ Associate Affiliate Member (Second and Third): \$490 You must be the second or third person from the associate member firm, within the same characteristics.	apter. (Dues that may not be deducted as a business expense: \$68.25)
☐ Corporate Affiliate Member (Fourth and each additional): \$315 The fourth and each additional person within the same company and same chapter qualify	y for this discount. (Dues that may not be deducted as a business expense: \$36.75)
□ Developing Leader Member: \$290 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: \$31.50)	ccompany 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 IL your membership can be fully activated.* (Dues that may not be deducted as a business expe	
☐ Academician Member: \$465 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: \$68.25)
☐ Public Official Member: \$465 Any individual employed by a local, state, or federal government or non-profit organization. (to	Dues that may not be deducted as a business expense: \$68.25)
☐ Public Official Affiliate Member: \$465 You must be the second or subsequent person from the organization joining the same chapter.	er as the Public Official member. (Dues that may not be deducted as a business expense: \$68.25)
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
	Total Payment Authorized \$
Signature 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. However, most of the dues amount may be deducted as a business expense.	Name of Cardholder (please print) CVV
★ The \$20 processing fee is a one-time fee and will not appear on	Billing Address (if different from main contact information)
renewal notices.	☐ Check Enclosed (payable to NAIOP)
★ Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.	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