

2018 MEMBERSHIP APPLICATION

Charlotte Chapter

	naiop.	org							
□Mr	□Ms	□Mrs	□Dr	□Prof					
NAME (Firs	st MI Last)	1					NICKNAME		
TITLE				COMPANY			V	VEBSITE	
BUSINESS	ADDRES	5				CITY/STATE		ZIP	
		-							
PHONE				FAX		EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State, & Zip)									nagazine to my home.
Com	pany	Profile							
	<i>.</i> .			□ 1-10	□ 11-40	□ 41-75	□ 76-100	□ 101-150	Greater than 151
		rees at my loca □ Local	tion:		Regional	☐ National	□ International		
Area of C	Operation	s:			regional				
Business (based or		e: tax purposes)			 Limited Liability Corporat Public REIT 	ion □ Limited Liability □ Sole Proprietors		n-Profit o Chapter	Partnership
Areas of	Involvem	ent (select all t	hat apj	oly): 🗆 Industria	al 🗆 Medical/Life Science	es 🗆 Mixed-Use	□ Multi-Family	□ Office	Retail
My company is involved in the development of green (environmentally sustainable) properties or provides green products/services:									
Square fe	eet owned	d or managed:		Less than 1 Millio	n 🗆 1-2.5 Million	□ 2.6-5 Million □	5.1-7.5 Million	7.6-10 Million	□ 10.1 Million or more
Corporat	e Scope o	of Business (se	lect or	ne):					
Associa	ntant ect ey	er Communica Consultant Contractor Economic D Engineer		Environmenta Financier Insurance Interior Design Land Planner	Property Manager Public Official	ct Supplier Telecomm Title Company Utility	Principal Member	. 🗆 Developer	Owner (Property)
Mem	ber P	rofile							
Specific areas in which I am primarily involved (select all that apply): Industrial Medical/Life Sciences Mixed-Use Multi-Family Office Retail									
I'm involved in the development of green (environmentally sustainable) properties, products, or services: Yes No									
Industry topics of interest (select all that apply):									
Personal Scope of Business (select one):									
Associa	ate Memb	er					Principal Member		
□ Acade	mician	Communica	tions	Environmenta	I 🗆 Landscape Archited	ct 🗆 Supplier	Asset Manager	□ Developer	Owner (Property)
	ntant	□ Consultant		□ Financier	Property Manager	Telecomm			
□ Archite	ect	□ Contractor		□ Insurance	Public Official	Title Company	□ Investor		
□ Attorne	еу	Economic D	ev	🗆 Interior Desigi	n 🗆 Publisher	Utility			
□ Broker		□ Engineer			Service Provider			via fax at 703-904 an application at v	lication and return it to NAIOP -7942. You may also complete www.naiop.org. Call 800-456-4144.
Are you a	a partner	or a member of	f an LL	C or LLP? UYes	s ⊡No			nave questions?	Gair 000-400-4144.

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

Member-

Principal Full Member: \$850

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: \$500

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: \$850

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: \$500

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): \$2125

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: \$275 (Dues that may not be deducted as a business expense: \$294.52)

Developing Leader Member: \$275

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: \$38

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 (_)

Name_____

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)

NAIOP Dues New Member Processing Fee (one-time)	\$+ \$20				
Total Payment Authorized	\$				
UISA 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 members	hip, except for corporate affiliates.				
(Please call for details). For Federal income tay charitable contribution. However, most of the d business expense.	kes, NAIOP dues are not deductible as a				
st The \$20 processing fee is a one-time fee ar	d will not appear on renewal notices.				
★ Questions about NAIOP's Refund Policy? P at 800-456-4144.	lease 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