

2024 MEMBERSHIP APPLICATION

North Texas Chapter

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NAME (First MI Last)				NICKNAME			
TITLE	COMPANY				WEBSITE		
BUSINESS ADDRESS		c	ITY	STA	TE/PROVINCE	ZIP/POSTAL CODE	
PHONE	FAX	MOBILE		EMAIL			
HOME ADDRESS (Street address	ss, Apt. #, City, State/Province, Zip/Po	ostal Code)		□YE	ES, please send <i>Developmen</i>	t magazine to my home.	
Member Profile	;						
Specific areas in which I ar	m primarily involved (select Al	LL that apply): ☐ Indu	strial □ Medical/Life So	ciences Mixed-	Use □ Multi-Fami	ly 🗆 Office	
Personal Scope of Busines	ss (select ONE):	□ Reta	il				
PRINCIPAL Members a	nre:	ASSOCIATI	E Members are:				
☐ Asset Manager ☐ Invo	estor Owner (Property)	☐ Academician ☐ Accountant ☐ Architect ☐ Attorney ☐ Broker	Communications Consultant Contractor Economic Dev Engineer	☐ Environmental☐ Financier☐ Insurance☐ Interior Design☐ Land Planner	□ Landscaper□ Property Manager□ Public Official□ Publisher□ Service Provider	☐ Supplier ☐ Telecomm ☐ Title Company ☐ Utility	
Are you a partner of an LL	C or LLP? □Yes □No	'					
Demographic I	Profile						
	re optional and your responses w this information to track trends a				NAIOP in the developme	nt of new products	
Birthdate : Gender Identity		r Identity: ☐ Male ☐ Female	□ Nonbinary or gen□ Prefer not to resp		☐ Prefer to self-describe:		
Race and Ethnic Ident	ity						
☐ American Indian or N	lative Alaskan	☐ Hispanic/Latinx	Hispanic/Latinx		☐ Prefer not to respond		
☐ Asian, Pacific Islande	☐ Asian, Pacific Islander or Native Hawaiian ☐ Middle Eastern or No.		North African	th African			
☐ Black or African American ☐ White							
How Did You H	lear About Us?						
☐ NAIOP Chapter			☐ Phone Call				
☐ NAIOP Conference (ev	vent)	☐ Media				
☐ NAIOP Website			☐ Social Media				
☐ Member Referral (nam	ne)	☐ Personal Researc	ch			
☐ Direct 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): \$895 The first person employed by an organization whose primary business is development, own \$155.70)	ership, asset management or investment. (Dues that may not be deducted as a business expense:		
☐ Principal Affiliate Member (Second and Third): \$550 You must be the second or third person from the principal member firm, within the same cha	apter (Dues that may not be deducted as a business expense: \$117.75)		
☐ Associate Full Member (First): \$895 The first person employed by an organization providing products and services. (Dues that magnetic person employed by an organization providing product products and services.)	y not be deducted as a business expense: \$155.70)		
☐ Associate Affiliate Member (Second and Third): \$550 You must be the second or third person from the associate member firm, within the same ch	napter. (Dues that may not be deducted as a business expense: \$117.75)		
☐ Corporate Affiliate Member (Fourth and each additional): \$405 The fourth and each additional person within the same company and same chapter quali	fy for this discount. (Dues that may not be deducted as a business expense: \$113.55)		
□ Developing Leader Member: \$400 To qualify, you must be 35 years of age or less . * Proof of age must accompany this ap (Dues that may not be deducted as a business expense: \$108.75)	plication 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 your membership can be fully activated.* (Dues that may not be deducted as a business exp	ID and current class schedule are required and must accompany this application before ense: \$9.88)		
☐ Academician Member: \$550 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: \$117.75)		
☐ Public Official Member: \$550 Any individual employed by a local, state, or federal government or non-profit organization.	(Dues that may not be deducted as a business expense: \$117.75)		
☐ Public Official Affiliate Member: \$550 You must be the second or subsequent person from the organization joining the same chap	ter as the Public Official member. (Dues that may not be deducted as a business expense: \$117.75)		
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		
Circusture	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		
INNAISS Language (and Sangalan Constitution For Follows)			
★ 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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