

2022 MEMBERSHIP APPLICATION

Tampa Bay Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof								
NAME (Fir	rst MI Last)						_	N	IICKNAME			
TITLE				COMPANY						VEBSITE		
BUSINES	S ADDRESS					CIT	Y		STAT	E/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		N	MOBILE		E	MAIL			
HOME AD	DRESS (Stree	et address, Apt. #	, City, State/	Province, Zip/Postal	Code)				□YES	S, please send <i>Development</i>	magazine to my home.	
Mem	ıber Pr	ofile										
Specific	areas in wh	nich I am prima	rily involv	ed (select ALL tl	nat apply)	□ Industi	rial □ Medical/Life So	cioncos	☐ Mixed-U	se □ Multi-Fami	ly □ Office	
						☐ Retail	□ Other	Sicriocs	□ IVIIACU O	30 E Walti Tallii	ly 🗀 Ollico	
Persona	I Scope of E	Business (<u>sele</u>	ct ONE):		1							
PRINC	CIPAL Mem	nbers are:			,	ASSOCIATE I	Members are:					
☐ Asset	Manager	\square Investor	□ Owr	ner (Property)		Academician	☐ Communications		onmental	☐ Landscaper	☐ Supplier	
☐ Devel	loper					Accountant	□ Consultant	☐ Finar		□ Property Manager	☐ Telecomm	
						Architect	☐ Contractor	☐ Insur		☐ Public Official	☐ Title Company	
						Attorney Broker	☐ Economic Dev☐ Engineer		or Design Planner	☐ Publisher☐ Service Provider	☐ Utility	
Are you	a partner of	f an LLC or LL	P? □Yes	S □No	'							
Dem	ograpl	hic Prof	ile									
							lity. The information will our diverse membership			NAIOP in the developme	nt of new products	
Birtho	irthdate: Gender Identity			entity: [□ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:				
		Month/Day/Ye	ar		[□ Female	☐ Prefer not to resp	oond				
Race	and Ethnic	c Identity										
•					☐ Hispa	Hispanic/Latinx			☐ Prefer r	Prefer not to respond		
					•	Middle Eastern or North African				☐ Prefer to self-describe:		
☐ Black or African American ☐ \				□ White	White							
How	Did Y	ou Hear	Abou	ıt Us?								
□NA	JOP Chapter	r					☐ Phone Call					
	·					١						
	JOP Coniere					/	□ Media □ Social Media					
						`	☐ Social Media	ch				
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⊔ Dir	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): \$895 The first person employed by an organization whose primary business is development, owner \$195.70)	rship, asset management or investment. (Dues that may not be deducted as a business expense:							
☐ Principal Affiliate Member (Second and Third): \$500 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: \$109.50)								
☐ Associate Full Member (First): \$895 The first person employed by an organization providing products and services. (Dues that may	not be deducted as a business expense: \$195.70)							
☐ Associate Affiliate Member (Second and Third): \$500 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: \$109.50)								
☐ Corporate Affiliate Member (Fourth and each additional): \$325 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: \$78.00)							
☐ Developing Leader Member: \$325 To qualify, you must be 35 years of age or less (born 1986 or later). *Proof of age must ac (Dues that may not be deducted as a business expense: \$72.75)	ccompany this application or your membership cannot be fully activated.*							
☐ Student Member: \$19 Any full-time student, who is not employed full-time, is eligible. *A copy of your Student ID your membership can be fully activated.* (Dues that may not be deducted as a business exper								
☐ Academician Member: \$350 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: \$350 Any individual employed by a local, state, or federal government or non-profit organization. (D	Oues that may not be deducted as a business expense: \$68.25)							
☐ Public Official Affiliate Member: \$350 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	(from selected Membership Category)							
company paid for or reimbursed you for the membership.	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							

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