

2017 MEMBERSHIP APPLICATION

Central Florida Chapter

naiop.org										
□Mr	□Ms	□Mrs	□Dr	□Prof						
NAME (First MI Last) NICKNAME										
TITLE COMPANY				ΝΥ	WEBSITE					
BUSINESS	S ADDRES	S					CITY/STATE		ZIP	
PHONE				FAX			EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State, & Zip)										magazine to my home.
Com	pany	Profile								
Number of C		yees at my loc		□ 1-10	□ 11-4		□ 41-75 National	☐ 76-100	□ 101-150	☐ Greater than 151
Business	s Structu			Corporation Private REIT	☐ Limited Lia	ability Corporation T	☐ Limited Liability	•	□ Non-Profit □ Sub Chapter	□ Partnership
Areas of	Involven	nent (select all	that ap	ply): 🗆 Indu	strial Medic	al/Life Sciences	☐ Mixed-Use	☐ Multi-Fan	mily ☐ Office	☐ Retail
My comp	any is in	volved in the	develop	ment of green	(environmentally	y sustainable) pr	roperties or provides	s green products/s	services: Yes	□No
Square feet owned or managed:										
Corporat	e Scope	of Business (s	select or	ne):						
Associa Acade Accou Archite Attorne Broker	ntant ect ey	coer Communic Consultan Contractor Economic Engineer	t	☐ Environme ☐ Financier ☐ Insurance ☐ Interior De ☐ Land Plan	☐ Propo ☐ Publi	scape Architect erty Manager c Official sher ice Provider	☐ Supplier ☐ Telecomm ☐ Title Company ☐ Utility	Principal Med ☐ Asset Mana ☐ Investor		☐ Owner (Property)
Mem	ber F	Profile								
Specific	areas in	which I am pri	marily ir	nvolved (selec	all that apply):	☐ Industrial	☐ Medical/Life Scie	nces 🗆 Mixed-	Use □ Multi-F	amily ☐ Office
I'm invol	ved in th	e developmen	t of gree	en (environmer	ntally sustainable	e) properties, pro	oducts, or services:	□Yes □No		
Industry	topics of	interest (sele	ct all tha	at apply):	☐ Advocacy	☐ Busines	ss Mgmt. □ Dev	velopment	☐ Finance	☐ Marketing/Leasing
Personal	Scope o	f Business (se	elect one	e) :						
Associa	ate Memb	per						Principal Mem	nber	
□ Acade□ Accou□ Archite□ Attorne	ntant ect	□ Communio□ Consultan□ Contractor□ Economic	t	☐ Environme ☐ Financier ☐ Insurance ☐ Interior De	□ Prope	scape Architect erty Manager c Official sher	☐ Supplier ☐ Telecomm ☐ Title Company ☐ Utility	☐ Asset Mana	ager 🗆 Developer	□ Owner (Property)
□ Broker □ Engineer				☐ Land Plan	ner □ Servi	ice Provider	,		via fax at 703-904 an application at v	olication and return it to NAIOP 1-7942. You may also complete www.naiop.org. Call 800-456-4144.

☐ Member Referral (name ___

□ Direct Mail□ Phone Call□ Media

☐ Personal Research

Name									
Demographic Profile									
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.									
Clarakura									
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 \$									
□ VISA □ MasterCard □ AMEX									
Credit Card Number Exp. Date									
Name of Cardholder (please print)									
Name of Cardholder (please print)									
Billing Address (if different from main contact information)									
bining Address (it direction 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 membership, except for corporate affiliates. (Please call for details). For Federal income taxes, NAIOP dues are not deductible as a charitable contribution. However, most of the dues amount may be deducted as a									

The \$20 processing fee is a one-time fee and will not appear on renewal notices.
 Questions about NAIOP's Refund Policy? Please call the Membership Department

business expense.

at 800-456-4144.