

2024 MEMBERSHIP APPLICATION

Northern Ohio Chapter

| □Mr | □Ms | □Mrs | □Dr | □Prof | | | | | | | |
|----------------------------|--------------------------------|---|--------------------------------|--|--|---|----------------------------|------------------------|---|---|--|
| NAME (First MI Last) | | | | | | | NICKNAME | | | | |
| TITLE | | | | COMPANY | | | | | MEDCITE | | |
| IIILE | | | | COMPANY | | | | V | VEBSITE | | |
| BUSINES | S ADDRESS | | | | CITY | , | | STAT | E/PROVINCE | ZIP/POSTAL CODE | |
| PHONE | | | FAX | | MOBILE | | | EMAIL | | | |
| HOME AD | DDRESS (Stree | et address, Apt. #, | City, State/Pro | ovince, Zip/Postal Cod | e) | □YES, please send <i>Development</i> magazine to my home. | | | | | |
| Mem | ıber Pr | ofile | | | | | | | | | |
| Specific | areas in wh | nich I am prima | rily involved | d (select ALL that a | npply): | | | | | | |
| | | • | | . (00:00:7:12 | □ Industr | ial ☐ Medical/Life So☐ Other | ciences | ☐ Mixed-U | se 🗆 Multi-Famil | y □ Office | |
| | - | Business (<u>selec</u> | t ONE): | | | | | | | | |
| PRINC | CIPAL Mem | nbers are: | | | ASSOCIATE I | | | | | | |
| | t Manager | ☐ Investor | ☐ Owner | (Property) | ☐ Academician ☐ Accountant | ☐ Communications☐ Consultant | □ Envi | ronmental | □ Landscaper□ Property Manager | ☐ Supplier☐ Telecomm | |
| ☐ Deve | loper | | | | □ Accountant | ☐ Contractor | | | ☐ Public Official | ☐ Title Company | |
| | | | | | ☐ Attorney | ☐ Economic Dev | | ior Design | ☐ Publisher | ☐ Utility | |
| | | | | | □ Broker | ☐ Engineer | | l Planner | ☐ Service Provider | _ oy | |
| Are you | a partner of | f an LLC or LLF | ?? □Yes | □No | | | | | | | |
| Dem | ograpl | hic Profi | le | | | | | | | | |
| The fo and se | ollowing ques ervices. NAIC | stions are optiona OP uses this info | al and your r rmation to tr | esponses will be he ack trends and ensu | ld in strict confidential ure that the needs of o | ity. The information will our diverse membership | only be us are being | ed to assist I met. | NAIOP in the developme | nt of new products | |
| Birthdate: Gender Identity | | | ty: □ Male | ☐ Nonbinary or genderfluid | | ☐ Prefer to self-describe: | | | | | |
| | | Month/Day/Yea | ır | | ☐ Female | ☐ Prefer not to resp | oond | | | | |
| Race | and Ethnic | c Identity | | | | | | | | | |
| | American Ind | lian or Native Ala | askan | |] Hispanic/Latinx | | | ☐ Prefer r | not to respond | | |
| | | | | Middle Eastern or North African | | | □ Prefer to self-describe: | | | | |
| | | | | White | | | | | | | |
| | D: IV | | A l | 11-0 | | | | | | | |
| How | Did Y | ou Hear | About | Us? | | | | | | | |
| □NA | NOP Chapter | r | | | | ☐ Phone Call | | | | | |
| □NA | NOP Confere | ence (event | | |) | ☐ Media | | | | | |
| □ NA | NOP Website | е | | | | ☐ Social Media | | | | | |
| □Ме | ember Referra | al (name | | |) | ☐ Personal Researc | ch | | | | |
| □ 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): \$870 The first person employed by an organization whose primary business is development, own \$161.20) | ership, asset management or investment. (Dues that may not be deducted as a business expense: | | | | | | | |
| ☐ Principal Affiliate Member (Second and Third): \$560 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: \$140.75) | | | | | | | | |
| ☐ Associate Full Member (First): \$870 The first person employed by an organization providing products and services. (Dues that may | y not be deducted as a business expense: \$161.20) | | | | | | | |
| ☐ Associate Affiliate Member (Second and Third): \$560 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: \$140.75) | | | | | | | | |
| □ Corporate Affiliate Member (Fourth and each additional): \$545 The fourth and each additional person within the same company and same chapter qualify for this discount. (Dues that may not be deducted as a business expense: \$204.25) | | | | | | | | |
| □ Developing Leader Member: \$250 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: \$54.00) | plication 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 I your membership can be fully activated.* (Dues that may not be deducted as a business experience). | D and current class schedule are required and must accompany this application before ense: \$2.09) | | | | | | | |
| ☐ Academician Member: \$425 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: \$73.25) | | | | | | | |
| ☐ 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: \$73.25) | | | | | | | |
| □ 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: \$73.25) | | | | | | | | |
| | | | | | | | | |
| 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 | | | | | | | |
| | 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 | | | | | | | |
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| ★ 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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