

2023 MEMBERSHIP APPLICATION

Indiana Chapter

| □Mr □Ms □Mrs | □Dr □Prof | | | | | | |
|--|--|--|--|--|--|---|--|
| NAME (First MI Last) | | | | NICKNAME | | | |
| TITLE | COMPANY | | | | WEBSITE | | |
| BUSINESS ADDRESS | | CITY | (| STA | ATE/PROVINCE | ZIP/POSTAL CODE | |
| PHONE | FAX | MOBILE | | EMAIL | | | |
| HOME ADDRESS (Street address, Apt | # City State/Province 7in/Posta | al Code) | | ПУ | ES, please send <i>Development</i> | magazine to my home | |
| Tiome Abbriless (Street address), April | w, org, oracon rovince, ziph osic | | | | Lo, picase sena bereiopment | magazine to my nome. | |
| Member Profile | | | | | | | |
| Specific areas in which I am prin | marily involved (select ALL t | that apply): ☐ Industr | ial ☐ Medical/Life Sc | ciences Mixed- | Use □ Multi-Famil | y 🗆 Office | |
| Personal Scope of Business (se | elect ONE): | I Retain | Li Ottici | | | | |
| PRINCIPAL Members are: | | ASSOCIATE I | Members are: | | | | |
| ☐ Asset Manager ☐ Investor ☐ Developer | ☐ 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 LLC or L | L LP? □Yes □No | | | | _ 001.1100 1.101.1101 | | |
| Demographic Pro | | | | | | | |
| The following questions are options and services. NAIOP uses this in | ional and your responses will l information to track trends and | be held in strict confidential I ensure that the needs of c | ity. The information will our diverse membership | only be used to assis are being met. | t NAIOP in the developme | nt of new products | |
| Birthdate : Gender Identity | | lentity: □ Male □ Female | □ Nonbinary or gen□ Prefer not to resp | | ☐ Prefer to self-describe: | | |
| Race and Ethnic Identity | | | | | | | |
| ☐ American Indian or Native | ☐ Hispanic/Latinx | | ☐ Prefe | ☐ Prefer not to respond | | | |
| ☐ Asian, Pacific Islander or Native Hawaiian ☐ | | ☐ Middle Eastern or No | orth African | ☐ Prefe | ☐ Prefer to self-describe: | | |
| ☐ Black or African American | | ☐ White | | | | | |
| How Did You Hea | r About Us? | | | | | | |
| ☐ NAIOP Chapter | | | ☐ Phone Call | | | | |
| ☐ NAIOP Conference (event _ | |) | ☐ Media | | | | |
| ☐ NAIOP Website | | | ☐ Social Media | | | | |
| ☐ Member Referral (name | |) | ☐ 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): \$795 The first person employed by an organization whose primary business is development, ownes \$87.10) | ership, asset management or investment. (Dues that may not be deducted as a business expense: |
| ☐ Principal Affiliate Member (Second and Third): \$450 You must be the second or third person from the principal member firm, within the same cha | upter (Dues that may not be deducted as a business expense: \$42.25) |
| ☐ Associate Full Member (First): \$770 The first person employed by an organization providing products and services. (Dues that may | not be deducted as a business expense: \$87.10) |
| ☐ Associate Affiliate Member (Second and Third): \$425 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: \$42.25) |
| ☐ Corporate Affiliate Member (Fourth and each additional): \$250 The fourth and each additional person within the same company and same chapter qualif | fy for this discount. (Dues that may not be deducted as a business expense: \$22.75) |
| ☐ Developing Leader Member: \$250 To qualify, you must be 35 years of age or less (born 1986 or later). *Proof of age must a (Dues that may not be deducted as a business expense: \$19.50) | accompany this application or your membership cannot be fully activated.* |
| ☐ Student Member: \$69 Any full-time student, who is not employed full-time, is eligible. *A copy of your Student It your membership can be fully activated.* (Dues that may not be deducted as a business expe | D and current class schedule are required and must accompany this application before ense: \$2.47) |
| ☐ Academician Member: \$425 Any full-time professor who is not otherwise employed in the commercial real estate industry | r. (Dues that may not be deducted as a business expense: \$42.25) |
| ☐ Public Official Member: \$425 Any individual employed by a local, state, or federal government or non-profit organization. (I | Dues that may not be deducted as a business expense: \$42.25) |
| ☐ Public Official Affiliate Member: \$425 You must be the second or subsequent person from the organization joining the same chapt | ter as the Public Official member. (Dues that may not be deducted as a business expense: \$42.25) |
| | |
| 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 company paid for or reimbursed you for the membership. | (from selected Membership Category) NAIOP Dues New Member Processing Fee (one-time) + \$20 |
| • | <i>y</i> • • • • • • • • • • • • • • • • • • • |
| Signature | Total Payment Authorized \$ |
| 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 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 |
| ★ Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144. | will not be processed without actual payment. □ Invoice me for my membership Vous membership will become active when payment is received and processed. |

Name_

NAIOP MEMBERSHIP APPLICATION—Page 2