

□Mrs

□Dr

ΠMr

□Ms

□Prof

2022 MEMBERSHIP APPLICATION

SoCal Chapter

NICKNAME NAME (First MI Last) COMPANY TITLE WEBSITE **BUSINESS ADDRESS** CITY STATE/PROVINCE ZIP/POSTAL CODE PHONE FAX MOBIL F EMAIL HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code) □YES, please send *Development* magazine to my home. **Member Profile** Specific areas in which I am primarily involved (select ALL that apply): □ Industrial □ Medical/Life Sciences □ Mixed-Use □ Multi-Family □ Office Retail □ Other Personal Scope of Business (select ONE): PRINCIPAL Members are: ASSOCIATE Members are: □ Academician □ Communications Environmental □ Landscaper □ Supplier □ Asset Manager □ Investor □ Owner (Property) □ Financier □ Accountant □ Consultant □ Telecomm □ Property Manager □ Developer □ Contractor □ Architect □ Public Official □ Title Company □ Insurance □ Attorney □ Economic Dev □ Interior Design □ Publisher □ Utility □ Broker □ Engineer □ Land Planner □ Service Provider

Are you a partner of an LLC or LLP?
UYes
No

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.

Birthdate :	Gender Identity: Male	□ Nonbinary or genderfluid	□ Prefer to self-describe:
	Female	□ Prefer not to respond	
Race and Ethnic Identity			
□ American Indian or Native Alaskan	□ Hispanic/Latinx		□ Prefer not to respond
\Box Asian, Pacific Islander or Native Hawaiian	□ Middle Eastern or Nor	th African	□ Prefer to self-describe:
Black or African American	□ White		

How Did You Hear About Us?			
□ NAIOP Chapter	Phone Call		
NAIOP Conference (event)	Media		
	Social Media		
Member Referral (name)	Personal Research		
Direct Mail	□ Other ()		

Complete this application and return it to NAIOP via fax at 703-904-7942 or email xcastaneda@naiopsocal.org. You may also complete an application online at www.naiop.org. Have questions? Call 714-550-0309.

naiop.org

Name

Membership Category

□ Principal Full Member (First): \$945

The first person employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$255.70)

□ Principal Affiliate Member (Second and Third): \$545

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: \$157.95)

□ Associate Full Member (First): \$945

The first person employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$255.70)

□ Associate Affiliate Member (Second and Third): \$545

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: \$157.95)

□ Corporate Affiliate Member (Fourth): \$350

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: \$117.25)

Corporate Affiliate Member (Fifth and each additional): \$300

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: \$94.25)

□ Developing Leader Member: \$295

To qualify, you must be 35 years of age or less (born 1986 or later). * Proof of age must accompany this application or your membership cannot be fully activated.* (Dues that may not be deducted as a business expense: \$86.70)

□ Student Member: \$50

Any full-time student, who is not employed full-time, is eligible. * A copy of your Student ID and current class schedule are required and must accompany this application before your membership can be fully activated.* (Dues that may not be deducted as a business expense: \$18.25)

□ Academician Member: \$600

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: \$183.25)

□ Public Official Member: \$475

Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$125.75)

□ Public Official Affiliate Member: \$450

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: \$114.25)

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) CVV		
Billing Address (if different from 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.		

Please fax both pages of your completed application (and any accompanying documentation) to: 703-904-7942 Mail application with payment (and any accompanying documentation) to: NAIOP SoCal, 918 E Santa Ana Blvd., Santa Ana, CA 92701