

## **2020 MEMBERSHIP APPLICATION**

## Southern Nevada Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof						
NAME (Firs	t MI Last)							NICKNAME		
TITLE				COMPAN	Y				WEBSITE	
BUSINESS	ADDRESS					Cl	ТҮ	STATE/PR	OVINCE	ZIP/POSTAL CODE
PHONE			FAX			MOBILE		EMAIL		
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code)										
Com	oany F	Profile								
Number o	f employee	s at my loca	tion: 🗆	1-10		11-40	□ 41-75	□ 76-100	□ 101-150	☐ Greater than 151
Area of O	perations:	☐ Local			☐ Regional	[	☐ National	☐ Internationa	ıl	
	Structure: Federal ta	x purposes)	□ Corp	oration ate REIT	□ Limited	d Liability Corporat REIT	ion ☐ Limited Liability	•	Non-Profit Sub Chapter	□ Partnership
Areas of I	nvolvemen	t (select ALL	. that apply	): 🗆 Ir	ndustrial	☐ Medical/Life Sci	iences   Mixed-U	se 🗆 Multi-I	Family ☐ Office	☐ Retail
Square fe	et owned o	r managed:	□ Less	s than 1 Milli	on 🗆 1	-2.5 Million	☐ 2.6-5 Million ☐	5.1-7.5 Million	☐ 7.6-10 Million	☐ 10.1 Million or more
Corporate Scope of Business (select ONE):										
PRINCIPAL Members are: ASSOCIATE Members are:										
☐ Asset N	Manager	☐ Investor	□ Owr	ner (Property	<i>ı</i> )	☐ Academician	☐ Communications	☐ Environmenta	☐ Landscaper	☐ Supplier
□ Develo	per					☐ Accountant	☐ Consultant	☐ Financier	☐ Property Manag	-
						☐ Architect	☐ Contractor	□ Insurance	☐ Public Official	☐ Title Company
						☐ Attorney	☐ Economic Dev	☐ Interior Design		□ Utility
						□ Broker	☐ Engineer	☐ Land Planner	☐ Service Provide	er -
Mem	ber Pr	ofile								
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 B	usiness ( <u>sel</u>	ect ONE):							
PRINCIPAL Members are:  ASSOCIATE Members are:										
☐ Asset I	_	☐ Investor	□ Ow	ner (Propert	y)	☐ Academician	☐ Communications	☐ Environmenta		□ Supplier
□ Develo	per					☐ Accountant	□ Consultant	☐ Financier	☐ Property Mana	-
						<ul><li>☐ Architect</li><li>☐ Attorney</li></ul>	<ul><li>☐ Contractor</li><li>☐ Economic Dev</li></ul>	<ul><li>☐ Insurance</li><li>☐ Interior Design</li></ul>	☐ Public Official ☐ Publisher	<ul><li>□ Title Company</li><li>□ Utility</li></ul>
						☐ Broker	□ Engineer	☐ Land Planner	☐ Service Provide	-

NAIOP MEMBERSHIP APPLICATION—Page 2	Name
Membership Category	Demographic Profile
☐ Principal Full Member (First): \$1000 The first individual employed by an organization whose primary business is development, ownership, asset management or investment. (Dues that may not be deducted as a business expense: \$182.50)	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.
☐ Principal Affiliate Member (Second and Third): \$435 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: \$77.83)	Birthdate : Gender: ☐ Male ☐ Female  Ethnic Background:
☐ Associate Full Member (First): \$1000  The first individual employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$182.50)	☐ African American ☐ Asian, Pacific Islander or Native Hawaiian ☐ Hispanic ☐ American Indian or Native Alaskan ☐ Caucasian ☐ Other
☐ Associate Affiliate Member (Second and Third): \$435 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: \$77.83)	Membership Agreement
☐ Corporate Affiliate Member (Fourth and each additional): \$250  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: \$46.88)	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.
□ Developing Leader Member: \$245 To qualify, you must be 35 years of age or less (born 1984 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: \$41.15)	Signature By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.  Payment Information
☐ Student Member: \$19  Any full-time student, 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: \$3.71)	(from selected Membership Category)  NAIOP Dues New Member Processing Fee (one-time) + \$20
□ Academician Member: \$425  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: \$76.13)	Total Payment Authorized \$
☐ 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: \$76.13)	Credit Card Number Exp. Date
☐ 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:	
\$76.13)	Name of Cardholder (please print) CVV
How Did You Hear About Us?	Billing Address (if different from main contact information)
□ Local Chapter □ NAIOP Conference (event) □ NAIOP Website	☐ 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.
☐ Member Referral (name)	☐ Invoice me for my membership

☐ Direct Mail ☐ Phone Call ☐ Media

☐ Personal Research ☐ Social Media ☐ Other (\_

## pany. However, your company ther individual at any time if the mbership. ails, faxes, and other communica-+ \$20 Exp. Date CVV ion) plication and/or copy of check as it ☐ Invoice me for my membership Your membership will become active when payment is received and processed. ★ 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