

## **2024 MEMBERSHIP APPLICATION**

## Southern Nevada Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof						
NAME (Fi	irst MI Last)					_	N	IICKNAME		
TITLE				COMPANY					VEBSITE	
RUSINES	S ADDRESS				CIT	v		<u>STAT</u>	E/PROVINCE	ZIP/POSTAL CODE
DOSINES	33 ADDICESS				GII	1		JIAI	E/I ROVINGE	ZII II OSTAL CODE
PHONE			FAX		MOBILE		E	MAIL		
HOME AD	DDRESS (Stree	et address, Api	t. #, City, State/F	Province, Zip/Postal C	ode)			□YES	S, please send <i>Development</i>	f magazine to my home.
Mem	ıber Pr	ofile								
Specific	areas in wh	nich I am prii	marily involv	ed (select ALL tha	ıt apply): ☐ Industi	rial □ Medical/Life So	ciences	☐ Mixed-U	se □ Multi-Fami	ly □ Office
Persona	al Scope of E	Business (se	elect ONE):		☐ Retail	☐ Other				,
	CIPAL Mem				ASSOCIATE	Members are:				
□ Asset	t Manager	☐ Investor	□ Own	er (Property)		☐ Communications	☐ Envir	onmental	☐ Landscaper	☐ Supplier
□ Deve	J			o. ( op o <u>.</u> ,	☐ Accountant	☐ Consultant	☐ Finar	ncier	□ Property Manager	☐ Telecomm
					☐ Architect	☐ Contractor	☐ Insur	ance	☐ Public Official	☐ Title Company
					☐ Attorney	☐ Economic Dev	☐ Interi	or Design	☐ Publisher	. ∪ Utility
					☐ Broker	☐ Engineer	☐ Land	Planner	☐ Service Provider	
Are you	ı a partner o	f an LLC or	<b>LLP?</b> □Yes	□No						
Dem	ograp	hic Pro	ofile							
						lity. The information will our diverse membership			NAIOP in the developme.	nt of new products
Birthdate: Gender Identity			ntity: □ Male	☐ Nonbinary or genderfluid		☐ Prefer to self-describe:				
		Month/Day	//Year		☐ Female	☐ Prefer not to resp	oond			
Race	and Ethnic	c Identity								
	American Ind	lian or Native	e Alaskan		☐ Hispanic/Latinx			☐ Prefer r	not to respond	
	☐ Asian, Pacific Islander or Native Hawaiian ☐ I			☐ Middle Eastern or N	Middle Eastern or North African			☐ Prefer to self-describe:		
☐ Black or African American ☐ \			☐ White	White						
How	Did Y	ou Hea	ar Abou	t Us?						
□NA	AIOP Chapter	r				☐ Phone Call				
	□ NAIOP Conference (event			١						
	AIOP Coniere					□ Social Media				
					١	☐ Personal Resear	ch			
	rect Mail	ai (iiallit			/	☐ Other (	CI I			\
I I DID	ect ividli					i i Omer (				)

Complete this application and return it to NAIOP via fax at 702-798-8643or email info@naiopnv.org. You may also complete an application online at www.naiop.org. Have questions? Call 702.798-7194.

NAIOP MEMBERSHIP APPLICATION—Page 2	Name			
Membership Category				
☐ Principal Full Member (First): \$1000  The first person employed by an organization whose primary business is development, owne \$121.59)	ership, asset management or investment. (Dues that may not be deducted as a business expense:			
☐ Principal Affiliate Member (Second and Third): \$550 You must be the second or third person from the principal member firm, within the same cha	apter (Dues that may not be deducted as a business expense: \$67.15 )			
☐ Associate Full Member (First): \$1000 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$121.59)			
☐ Associate Affiliate Member (Second and Third): \$550 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: \$67.15)			
☐ Corporate Affiliate Member (Fourth and each additional): \$350 The fourth and each additional person within the same company and same chapter quality	fy for this discount. (Dues that may not be deducted as a business expense: \$46.73)			
☐ Developing Leader Member: \$345  To qualify, you must be 35 years of age or less . * Proof of age must accompany this app (Dues that may not be deducted as a business expense: \$43.19)	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 It 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: \$525  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: \$63.23)			
☐ Public Official Member: \$525 Any individual employed by a local, state, or federal government or non-profit organization. (	Dues that may not be deducted as a business expense: \$63.23)			
☐ Public Official Affiliate Member: \$525 You must be the second or subsequent person from the organization joining the same chapter.	ter as the Public Official member. (Dues that may not be deducted as a business expense: \$63.23)			
Membership Agreement	Payment Information			
NAIOP memberships are individual, not by company. However, your	(from selected Membership Category)			
company may choose to transfer the membership to another individual at any time if the company paid for or reimbursed you for the member-				
ship.	NAIOP Dues New Member Processing Fee (one-time)  + \$20			
Signaturo	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			
* 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 ex-	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  Your membership will become active when payment is received and processed.			