

## **2021 MEMBERSHIP APPLICATION**

## Silicon Valley Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof								
NAME (First	MI Last)							ı	NICKNAME			
TITLE				COMPANY					,	WEBSITE		
BUSINESS A	ADDRESS					СП	Υ	:	STATE/PROV	INCE	ZIP/f	POSTAL CODE
PHONE			FAX			MOBILE			EMAIL			
HOME ADD	RESS (Street	address, Apt. #	f, City, State/P	rovince, Zip/	Postal Code)				□YE	S, please send <i>Develop</i>	<i>ment</i> ma	gazine to my home.
Comp	any P	rofile										
Number of	f employees	s at my locat	ion: 🗆 1-	10	□1	1-40	□ 41-75	□ 76-100	1	□ 101-150		Greater than 151
Area of Op	erations:	☐ Local			Regional		☐ National	□ In	ternational			
Business ( based on	Structure: Federal tax	purposes)	☐ Corpor		☐ Limited	d Liability Corporati REIT	on ☐ Limited Liab☐ Sole Proprie	-		n-Profit b Chapter	□ Pa	rtnership
Areas of Ir	nvolvement	(select ALL	that apply):	□ In	dustrial I	☐ Medical/Life Sci	ences 🗆 Mixed	I-Use	☐ Multi-Far	mily ☐ Office		☐ Retail
Square fee	et owned or	managed:	□ Less t	han 1 Millio	n □1	-2.5 Million	2.6-5 Million	□ 5.1-7.5 Mil	lion 🗆	7.6-10 Million	□ 10.1	Million or more
Corporate	Scope of B	usiness ( <u>sel</u>	ect ONE):									
PRINCIP	PAL Memb	ers are:				ASSOCIATE	Members are:					
☐ Asset M☐ Develop	_	□ Investor	□ Owne	r (Property)		☐ Academician ☐ Accountant ☐ Architect ☐ Attorney ☐ Broker	☐ Communicatio ☐ Consultant ☐ Contractor ☐ Economic Dev ☐ Engineer	☐ Fina ☐ Insu		☐ Landscaper ☐ Property Mana ☐ Public Official ☐ Publisher ☐ Service Provid		☐ Supplier ☐ Telecomm ☐ Title Company ☐ Utility
Memb	er Pro	ofile										
		ch I am prima Isiness ( <u>sele</u>		d (select A	NLL that ap	ply): □ Indus: □ Retail		e Sciences	☐ Mixed-U	Jse □ Multi-F	<sup>-</sup> amily	□ Office
PRINCIF	PAL Memb	ers are:				ASSOCIATE	Members are:					
☐ Asset M	_	□ Investor	□ Owne	r (Property	)	☐ Academician ☐ Accountant ☐ Architect ☐ Attorney ☐ Broker	☐ Communicatio ☐ Consultant ☐ Contractor ☐ Economic Dev ☐ Engineer	☐ Fina ☐ Insu / ☐ Inter		☐ Landscaper ☐ Property Mana ☐ Public Official ☐ Publisher ☐ Service Provid	ger	<ul><li>☐ Supplier</li><li>☐ Telecomm</li><li>☐ Title Company</li><li>☐ Utility</li></ul>

☐ Principal Full Member (First): \$1010	mographic Profile  following questions are optional and your responsive to the information will only be used to assist Nucles and services. NAIOP uses this information is of our diverse membership are being met.				
	The information will only be used to assist N. ucts and services. NAIOP uses this information				
ownership, asset management or investment. (Dues that may not be deducted as a business produ					
□ Principal Affiliate Member (Second and Third): \$665 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: \$120.18)	ndate : G				
Ethn	ic Background:				
☐ Associate Full Member (First): \$1010  The first individual employed by an organization providing products and services. (Dues ☐ Hi	frican American ☐ Asian, P ispanic ☐ America aucasian ☐ Other				
☐ Associate Affiliate Member (Second and Third): \$665 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: \$120.18)	mbership Agreement				
may o	OP memberships are individual, not by c choose to transfer the membership to a pany paid for or reimbursed you for the d				
□ Developing Leader Member: \$490  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.**	Signature By signing above, I acknowledge that I will accept tions from NAIOP.  Payment Information				
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	selected Membership Category)  P Dues  Member Processing Fee (one-time)				
□ Academician Member: \$665  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: \$120.18)  □ Public Official Member: \$665	I Payment Authorized  ISA □ MasterCard □ AMEX				
Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$120.18)  Credit	t Card Number				
Public Official Affiliate Member: \$665  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: \$120.18)  Name	e of Cardholder (please print)				
or the state of the	g Address (If different from main contact infor				
How Did You Hear About Us?					
□ NAIOP Conference (event) Pleas will no	heck Enclosed (payable to NAIOP) se include application with check. Do not fax of be processed without actual payment.				

□ Direct Mail□ Phone Call□ Media

Demographic Frome						
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: □ Male □ Female						
Ethnic Background:						
☐ African American ☐ Asian, Pacific Islander or Native Hawaiian						
☐ Hispanic ☐ American Indian or Native Alaskan						
☐ Caucasian ☐ Other						
Membership Agreement						
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.						
Signature By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.						
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.						
★ 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.						
* The \$20 processing fee is a one-time fee and will not appear on renewal notices.						
Ougstions about NAIOD's Defund Delicy? Please call the Membership Department						