



COMMERCIAL REAL ESTATE  
DEVELOPMENT ASSOCIATION

# 2022 MEMBERSHIP APPLICATION

## Georgia Chapter

Mr Ms Mrs Dr Prof

NAME (First MI Last)

NICKNAME

TITLE

COMPANY

WEBSITE

BUSINESS ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE

FAX

MOBILE

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:**

- Asset Manager
- Investor
- Owner (Property)
- Developer

**ASSOCIATE Members are:**

- Academician
- Communications
- Environmental
- Landscaper
- Supplier
- Accountant
- Consultant
- Financier
- Property Manager
- Telecomm
- Architect
- Contractor
- Insurance
- Public Official
- Title Company
- Attorney
- Economic Dev
- Interior Design
- Publisher
- Utility
- Broker
- Engineer
- Land Planner
- Service Provider

Are you a partner of an LLC or LLP? Yes 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 : \_\_\_\_\_  
Month/Day/Year

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
- Asian, Pacific Islander or Native Hawaiian
- Middle Eastern or North African
- Prefer to self-describe: \_\_\_\_\_
- Black or African American
- White

### How Did You Hear About Us?

- NAIOP Chapter
- Phone Call
- NAIOP Conference (event \_\_\_\_\_)
- Media
- NAIOP Website
- 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 [membership@naiop.org](mailto:membership@naiop.org). You may also complete an application online at [www.naiop.org](http://www.naiop.org). Have questions? Call 800-456-4144.

[naiop.org](http://naiop.org)

**Membership Category**

**Principal Full Member (First): \$1070**

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: \$140.70)

**Principal Affiliate Member (Second and Third): \$635**

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: \$68.25)

**Corporate Affiliate Member (Fourth and each additional): \$475**

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: \$36.75)

**Associate Full Member (First): \$1170**

The first person employed by an organization providing products and services. (Dues that may not be deducted as a business expense: \$140.70)

**Associate Affiliate Member (Second and Third): \$685**

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: \$68.25)

**Corporate Affiliate Member (Fourth and each additional): \$520**

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: \$36.75)

**Developing Leader Member: \$275**

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: \$31.50)

**Student Member: \$29**

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: \$3.99)

**Academician Member: \$470**

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: \$68.25)

**Public Official Member: \$735**

Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$68.25)

**Public Official Affiliate Member: \$440**

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: \$68.25)

**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.*

**\* 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.**

**\* Questions about NAIOP's Refund Policy? Please call the Membership Department at 800-456-4144.**

**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, CL500060, PO Box 5007, Merrifield VA 22116-5007**