

2021 MEMBERSHIP APPLICATION

Wisconsin Chapter

□Mr □Ms □Mrs	□Dr □Prof						
NAME (First MI Last)				NICKNAME			
TITLE	WEBSITE						
BUSINESS ADDRESS		CITY		STATE/PROVIN	NCE ZIF	P/POSTAL CODE	
PHONE FAX		MOBILE		EMAIL			
HOME ADDRESS (Street address, Apt. #, City, State/Province, Zip/Postal Code)							
Company Profile							
Number of employees at my location	on: 🗆 1-10 🗀	11-40	□ 41-75 [□ 76-100	□ 101-150 □	Greater than 151	
Area of Operations: ☐ Local	☐ Regional		National	☐ International			
Business Structure: (based on Federal tax purposes)	☐ Corporation ☐ Limiter ☐ Private REIT ☐ Public	d Liability Corporation REIT	☐ Limited Liability F☐ Sole Proprietorsh	•	-Profit □ P Chapter	artnership	
Areas of Involvement (select ALL t	hat apply): \square Industrial	☐ Medical/Life Scien	ces	e □ Multi-Fam	ily 🗆 Office	☐ Retail	
Square feet owned or managed:	☐ Less than 1 Million ☐ 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 Manager ☐ Investor	☐ Owner (Property)	☐ Academician	☐ Communications	□ Environmental	☐ Landscaper	☐ Supplier	
□ Developer		☐ Accountant	☐ Consultant	☐ Financier	☐ Property Manager	☐ Telecomm	
_ Ботолоро.		☐ Architect	☐ Contractor	□ Insurance	☐ Public Official	☐ Title Company	
		☐ Attorney	$\hfill\Box$ Economic Dev	☐ Interior Design	☐ Publisher	☐ Utility	
		☐ Broker	☐ Engineer	☐ Land Planner	☐ Service Provider		
Member Profile							
Specific areas in which I am primarily involved (select ALL that apply): \Box Industrial \Box Medical/Life Sciences \Box Mixed-Use \Box Multi-Family \Box Office							
☐ Retail ☐ Other Personal Scope of Business (select ONE):							
PRINCIPAL Members are: ASSOCIATE Members are:							
☐ Asset Manager ☐ Investor	☐ Owner (Property)	☐ Academician	☐ Communications	☐ Environmental	☐ Landscaper	☐ Supplier	
☐ Developer		☐ 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		

NAIOP MEMBERSHIP APPLICATION—Page 2	Name			
Membership Category	Demographic Profile			
☐ Principal Full Member (First): \$850 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: \$292.35)	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): \$490 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: \$206.63)	Birthdate : Gender: ☐ Male ☐ Female			
	Ethnic Background:			
☐ Associate Full Member (First): \$850	☐ African American ☐ Asian, Pacific Islander or Native Hawaiian			
The first individual employed by an organization providing products and services. (Dues	☐ Hispanic ☐ American Indian or Native Alaskan			
that may not be deducted as a business expense: \$292.35)	□ Caucasian □ Other			
☐ Associate Affiliate Member (Second and Third): \$490 You must be the second or third person from the associate member firm, within the same	Membership Agreement			
chapter. (Dues that may not be deducted as a business expense: \$206.63)	NAIOD I II I I I I I I I I I I I I I I I I			
☐ Corporate Affiliate Member (Fourth and each additional): \$330 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: \$190.88)	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.			
	Signature			
☐ Developing Leader Member: \$310 To qualify, you must be 35 years of age or less (born 1984 or later). **Proof of age	By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.			
must accompany this application or your membership cannot be fully activated.* (Dues that may not be deducted as a business expense: \$165.75)	Payment Information			
Student Member: \$29	(from selected Membership Category)			
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: \$13.90)	NAIOP Dues \$ New Member Processing Fee (one-time) + \$20			
☐ Academician Member: \$400	, ,			
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: \$116.63)	Total Payment Authorized \$			
	□ VISA □ MasterCard □ AMEX			
☐ Public Official Member: \$375 Any individual employed by a local, state, or federal government or non-profit organiza-				
tion. (Dues that may not be deducted as a business expense: \$91.63)	Credit Card Number Exp. Date			
☐ Public Official Affiliate Member: \$375	Credit Card Number Exp. Date			
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: \$91.63)	Name of Cardholder (please print) CVV			
	Billing Address (if different from main contact information)			
How Did You Hear About Us?				
☐ Local Chapter	☐ Check Enclosed (payable to NAIOP)			
□ NAIOP Conference (event)	Please include application with check. Do not fax application and/or copy of check as it			
□ NAIOP Website	will not be processed without actual payment.			
☐ Member Referral (name)	☐ Invoice me for my membership			

☐ Direct Mail \square Phone Call ☐ Media

☐ Personal Research ☐ Social Media ☐ Other (_

Exp. Date CVV tion and/or copy of check as it ☐ Invoice me for my membership Your membership will become active when payment is received and processed. \bigstar 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