



COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION

Mr  Ms  Mrs  Dr  Prof

# 2023 MEMBERSHIP APPLICATION

## Edmonton Chapter

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  
 Developer  Owner (Property)

*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

### 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. You may also complete an application online at www.naiop.org. Have questions? Call 800-456-4144.

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

### Membership Category

**Principal Full Member (First): \$672**

The first person employed by an organization whose primary business is development, ownership, asset management or investment.

**Principal Affiliate Member (Second and Third): \$513**

You must be the second or third person from the principal member firm, within the same chapter

**Associate Full Member (First): \$672**

The first person employed by an organization providing products and services.

**Associate Affiliate Member (Second and Third): \$513**

You must be the second or third person from the associate member firm, within the same chapter.

**Principal Corporate Affiliate Member (Fourth and each additional): \$325**

The fourth and each additional person **within the same company and same chapter** qualify for this discount.

**Associate Corporate Affiliate Member (Fourth and each additional): \$325**

The fourth and each additional person **within the same company and same chapter** qualify for this discount.

**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.\**

**Student Member: \$14**

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.\**

**Academician Member: \$393**

Any full-time professor who is not otherwise employed in the commercial real estate industry.

**Public Official Member: \$413**

Any individual employed by a local, state, or federal government or non-profit organization.

**Public Official Affiliate Member: \$393**

### 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

\_\_\_\_\_  
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.*