

2024 MEMBERSHIP APPLICATION

New Mexico Chapter

□Mr	□Ms	□Mrs	□Dr	□Prof							
NAME (Firs	st MI Last)					_	NI	CKNAME			
TITLE				COMPANY					/EBSITE		
BUSINESS	ADDRESS				CITY	Y		STAT	E/PROVINCE	ZIP/POSTAL CODE	
PHONE			FAX		MOBILE		EN	MAIL			
HOME ADI	ORESS (Stree	et address, Apt	. #, City, State/P	Province, Zip/Postal Co	ode)			□YES	, please send <i>Developmen</i>	magazine to my home.	
Mem	ber Pr	ofile									
Specific a	areas in wh	nich I am prir	marily involve	ed (select ALL that	t apply):	ial Madiaal/Life C	alamana.	□ Missa al III	aa 🗆 Malki Fami	l. DOFfice	
		•	-	·	☐ Industr	rial ☐ Medical/Life So☐ Other	ciences	☐ Mixed-U:	se 🗆 Multi-Fami	ly 🗆 Office	
Personal	Scope of E	Business (<u>se</u>	lect ONE):								
PRINCI	IPAL Mem	nbers are:			ASSOCIATE I	Members are:					
☐ Asset	_	\square Investor	□ Owne	er (Property)	☐ Academician	☐ Communications	□ Enviro		□ Landscaper	□ Supplier	
□ Develo	pper				☐ Accountant	□ Consultant	☐ Finan		□ Property Manager	☐ Telecomm	
					☐ Architect	☐ Contractor	☐ Insura		☐ Public Official	☐ Title Company	
					☐ Attorney ☐ Broker	☐ Economic Dev☐ Engineer	☐ Interio	· ·	☐ Publisher☐ Service Provider	□ Utility	
Are you	a partner o	f an LLC or l	_LP? □Yes	□No	ı						
Dem	ograpl	hic Pro	file								
						lity. The information will our diverse membership			IAIOP in the developme	nt of new products	
Birthd	Birthdate : Gender Identity			tity: □ Male	□ Nonbinary or genderfluid		☐ Prefer to self-describe:				
		Month/Day/	Year		☐ Female	☐ Prefer not to resp	pond				
Race a	and Ethnic	c Identity									
☐ American Indian or Native Alaskan ☐				☐ Hispanic/Latinx	Hispanic/Latinx			☐ Prefer not to respond			
□ A:	☐ 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	r Abou	t Us?							
□ NAI	OP Chapter	r				☐ Phone Call					
	□ NAIOP Conference (event)	☐ Media					
□ NAIOP Website				/	□ Social Media						
)	☐ Personal Resear	rch				
□ Dire		(/	☐ 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.

Membership Category							
☐ Principal Full Member (First): \$995 The first person employed by an organization whose primary business is development, owne \$271.70)	ership, asset management or investment. (Dues that may not be deducted as a business expense:						
□ Principal Affiliate Member (Second and Third): \$495 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: \$131.45)							
☐ Associate Full Member (First): \$995 The first person employed by an organization providing products and services. (Dues that may	y not be deducted as a business expense: \$271.70)						
☐ Associate Affiliate Member (Second and Third): \$495 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: \$131.45)							
☐ Corporate Affiliate Member (Fourth and each additional): \$320 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: \$114.95)							
□ Developing Leader Member: \$385 To qualify, you must be 35 years of age or less . * Proof of age must accompany this apy (Dues that may not be deducted as a business expense: \$155.10)	plication or your membership cannot be fully activated.*						
☐ Student Member: \$59 Any full-time student, who is not employed full-time, is eligible. * A copy of your Student In your membership can be fully activated.* (Dues that may not be deducted as a business expe	D and current class schedule are required and must accompany this application before ense: \$28.49)						
☐ Academician Member: \$495 Any full-time professor who is not otherwise employed in the commercial real estate industry	t. (Dues that may not be deducted as a business expense: \$131.45)						
☐ Public Official Member: \$495 Any individual employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$131.45)						
□ Public Official Affiliate Member: \$495 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: \$131.45)							
Membership Agreement	Payment Information						
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 member-	(from selected Membership Category) NAIOP Dues \$						
ship.	New Member Processing Fee (one-time) + \$20						
Signature	Total Payment Authorized \$						
By signing above, I acknowledge that I will accept emails, faxes, and other communications from NAIOP.	□ VISA □ MasterCard □ AMEX						
	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 expense.	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.						

Name_

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