

Contact Information

MR MS MRS

NAME (First, MI, Last)

NICKNAME

CURRENT ADDRESS

CITY/STATE

ZIP CODE

PHONE NUMBER

EMAIL

HOME ADDRESS (If different than current address)

CITY/STATE

ZIP CODE

Member Profile

BACHELORS MASTERS Ph.D.

UNIVERSITY/COLLEGE

EXPECTED DATE OF GRADUATION (MONTH/YEAR)

MAJOR



PROOF OF STUDENT STATUS: *Application will not be processed without these **two** items.*

(1) Copy of Student ID (2) Copy of current class schedule showing full-time status

Payment Information

Dues Amount: \$ WAIVED FOR UC STUDENTS

VISA MASTERCARD AMEX CHECK (Payable to NAIOP)

CREDIT CARD NUMBER

EXPIRATION DATE

NAME OF CARDHOLDER

NAIOP dues are for 12 months of membership. Dues that may not be deducted as a business expense: **\$3.74**

Membership Agreement

SIGNATURE

DATE

By signing above, I acknowledge that I will accept faxes, emails and other communications from NAIOP.

APPLICATION CHECKLIST:

- COMPLETED APPLICATION
- PROOF OF FULL-TIME STATUS
- PAYMENT

Demographic Profile

The following questions are optional and your response is held in strict confidentiality. The information will only be used to assist NAIOP in the development of new programs and services. NAIOP uses this information to track trends and ensure that the needs of our diverse membership are being met.

YEAR OF BIRTH: _____ GENDER: MALE FEMALE

ETHNIC BACKGROUND: AFRICAN AMERICAN HISPANIC CAUCASIAN ASIAN, PACIFIC ISLANDER OR NATIVE HAWAIIAN
 AMERICAN INDIAN OR NATIVE ALASKAN OTHER (Please specify) _____

How did you hear about NAIOP?

LOCAL CHAPTER NAIOP WEBSITE SOCIAL MEDIA DEVELOPMENT MAGAZINE NAIOP CONFERENCE (EVENT) _____
 MEMBER REFERRAL (NAME) _____ AD (PUBLICATION) _____ DIRECT MAIL OTHER _____

RETURN APPLICATION WITH PAYMENT TO: NAIOP, P.O. BOX 223353, CHANTILLY, VA 20153-3353 OR FAX TO 703-904-7942

Questions? Call 800-456-4144