NAIOP
COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION

2026 MEMBERSHIP APPLICATION

NAIOP Wisconsin

☐Mr ☐Ms ☐Mrs ☐Dr ☐Prof

Name (First MI Last) _____ Preferred Name _____

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):

☐ Aerospace/Aviation ☐ Hotel/Hospitality ☐ Industrial-Warehouse/Distribution ☐ Medical Office/Health Care ☐ Other ☐ Senior Housing
☐ Build-to-rent Housing ☐ Industrial-Flex Space ☐ Institutional ☐ Mixed-use ☐ Religious ☐ Sports/Entertainment
☐ Cold Storage ☐ Industrial-Manufacturing ☐ Land Development ☐ Multifamily ☐ Retail ☐ Student Housing
☐ Data Centers ☐ Industrial-Outdoor Storage/Truck Terminals ☐ Life Sciences ☐ Office ☐ Self-storage

Personal Scope of Business (select ONE):

☐ Academician ☐ Attorney ☐ Contractor ☐ Environmental ☐ Investor ☐ Property Manager ☐ Supplier Other:_____
☐ Accountant ☐ Broker ☐ Developer ☐ Financier ☐ Land Planner ☐ Public Official ☐ Telecomm
☐ Architect ☐ Communications ☐ Economic Dev ☐ Insurance ☐ Landscaper ☐ Publisher ☐ Title Company
☐ Asset Manager ☐ Consultant ☐ Engineer ☐ Interior Design ☐ Owner (Property) ☐ Service Provider ☐ Utility

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: ☐ Female ☐ Trans ☐ Prefer not to disclose ☐ Male ☐ Gender nonconforming

Race and Ethnic Identity:

☐ Asian ☐ Indigenous Peoples ☐ White
☐ Black or African American ☐ Middle Eastern or North African ☐ Prefer not to disclose
☐ Hispanic or Latino/a ☐ Native Hawaiian or Other Pacific Islander

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 (_____)

Return completed applications to NAIOP via fax at 703-904-7942 or mail: NAIOP, CL500060, PO Box 5007, Merrifield, VA 22116-5007.
You may also complete an application online at naiop.org/join. Have questions? Call 800-456-4144 or email membership@naiop.org.

naiop.org/join

Name _____

Membership Category

☐ Full Member (First): $905
You are the first person from your organization to join NAIOP Wisconsin (Dues that may not be deducted as a business expense: $390.00)

☐ Affiliate Member (Second or Subsequent): $480
You are the second or subsequent person to join from the member firm, with NAIOP Wisconsin as your primary chapter.
(Dues that may not be deducted as a business expense: $315.00)

☐ Developing Leader Member: $360
You are 35 years of age or less. **Proof of age must accompany this application or your membership cannot be fully activated.* (Dues that may not be deducted as a business expense: $212.50)

☐ Public Official Member: $305
You are employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: $157.50)

☐ Student Member: $31
You are a full-time student, who is not employed full-time. **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: $13.50)

Expected Graduation Date: _____ (Month/Year) Degree Type: ☐ Associate's ☐ Bachelor's ☐ Master's ☐ J.D. ☐ Ph.D.

Field of Study: _____

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, 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.

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