



COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION

2026 MEMBERSHIP APPLICATION

NAIOP Central Florida

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):

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

Personal Scope of Business (select ONE):

- | | | | | | | | |
|--|---|---------------------------------------|--|---|---|--|--------------|
| <input type="checkbox"/> Academician | <input type="checkbox"/> Attorney | <input type="checkbox"/> Contractor | <input type="checkbox"/> Environmental | <input type="checkbox"/> Investor | <input type="checkbox"/> Property Manager | <input type="checkbox"/> Supplier | Other: _____ |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Broker | <input type="checkbox"/> Developer | <input type="checkbox"/> Financier | <input type="checkbox"/> Land Planner | <input type="checkbox"/> Public Official | <input type="checkbox"/> Telecomm | |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Communications | <input type="checkbox"/> Economic Dev | <input type="checkbox"/> Insurance | <input type="checkbox"/> Landscaper | <input type="checkbox"/> Publisher | <input type="checkbox"/> Title Company | |
| <input type="checkbox"/> Asset Manager | <input type="checkbox"/> Consultant | <input type="checkbox"/> Engineer | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Owner (Property) | <input type="checkbox"/> Service Provider | <input type="checkbox"/> 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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indigenous Peoples | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Hispanic or Latino/a | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

How Did You Hear About Us?

- | | |
|---|--|
| <input type="checkbox"/> NAIOP Chapter | <input type="checkbox"/> Phone Call |
| <input type="checkbox"/> NAIOP Conference (event _____) | <input type="checkbox"/> Media |
| <input type="checkbox"/> NAIOP Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Member Referral (name _____) | <input type="checkbox"/> Personal Research |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> 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

Membership Category

Full Member (First): \$925

You are the first person from your organization to join NAIOP Central Florida (Dues that may not be deducted as a business expense: \$276.00)

Affiliate Member (Second or Subsequent): \$550

You are the second or subsequent person to join from the member firm, with NAIOP Central Florida as your primary chapter.
(Dues that may not be deducted as a business expense: \$167.45)

Developing Leader Member: \$400

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: \$118.50)

Public Official Member: \$550

You are employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$168.00)

Student Member: \$25

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: \$7.50)

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.