



COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION

naiop.org

# 2017 STUDENT MEMBERSHIP APPLICATION

Reserved for full-time students as defined by the university. Individuals employed full-time are not eligible. Documentation to verify full-time student status is required.

## 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:

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:

## 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