



COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION

# 2025 MEMBERSHIP APPLICATION

## NAIOP Colorado

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](http://naiop.org/join). Have questions? Call 800-456-4144 or email [membership@naiop.org](mailto:membership@naiop.org).

[naiop.org/join](http://naiop.org/join)

**Membership Category**

**Full Member (First): \$1050**

You are the first person from your organization to join NAIOP Colorado (Dues that may not be deducted as a business expense: \$302.50)

**Affiliate Member (Second or Subsequent): \$750**

You are the second or subsequent person to join from the member firm, with NAIOP Colorado as your primary chapter. (Dues that may not be deducted as a business expense: \$302.50)

**Developing Leader Member: \$450**

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: \$160.00)

**Public Official Member: \$525**

You are employed by a local, state, or federal government or non-profit organization. (Dues that may not be deducted as a business expense: \$197.50)

**Student Member: \$75**

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: \$30.00)

Expected Graduation Date: \_\_\_\_\_ Degree Type:  Associate's  Bachelor's  Master's  J.D.  Ph.D.  
Month/Year

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.*