

2026 MEMBERSHIP APPLICATION



NAIOP Houston

Mr Ms Mrs Dr Prof

Name (First MI Last) Preferred Name

Title Company Website

Business Address City State Zip/Postal Code

Phone Mobile Email

Home Address (Street address, Apt. #, City, State, Zip/Postal Code) Please send *Development* magazine to my home instead of my office.

Member Profile

Property types 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 |
| <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: _____ Gender Identity: Female Trans Prefer not to disclose
Month/Day/Year Male Gender nonconforming

Race and Ethnic Identity:

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

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 (_____) |

For your security, we no longer accept credit card payments by mail. Use one of the following secure options to complete your membership application:

Online: Visit naiop.org/join for fast and secure membership processing.

Phone: Contact our Member Services team at 800-456-4144 for personal assistance.

Email: Email your completed application to membership@naiop.org.*

Mail: Mail your completed application to NAIOP, CL500060, PO Box 5007, Merrifield, VA 22116-5007.*

*Our Member Services team will follow up with you for payment processing.

naiop.org/join

Name _____

Membership Category

Full Member (First): \$900

You are the first person from your organization to join NAIOP Houston (Dues that may not be deducted as a business expense: \$210.00)

Affiliate Member (Second or Subsequent): \$400

You are the second or subsequent person to join from the member firm, with NAIOP Houston as your primary chapter. (Dues that may not be deducted as a business expense: \$60.00)

Developing Leader Member: \$350

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: \$52.50)

Public Official Member: \$350

You are employed by a local, state, or federal government or nonprofit organization. (Dues that may not be deducted as a business expense: \$52.50)

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: _____ **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 Member Services team at 800-456-4144.

Payment Information

(from selected Membership Category above)

NAIOP Dues \$ _____
New Member Processing Fee (one-time) + \$20

Total Payment Authorized \$ _____

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naiop.org/join