



Phone: 202-785-8450 Fax: 202-223-9741

APPLICATION FOR MEMBERSHIP

Please complete and return with your membership investment to: **NIOP, P.O. Box 116761, Atlanta, GA 30368**. Your membership dues for \$1150.00 should be drawn on a US banking facility. Your firm will arrange for two **NIOP** member firms to submit letters of sponsorship directly to NIOP Headquarters. Your application cannot be processed until NIOP has received these letters of sponsorship. Note: There are no **refunds**.

1. Company information:

Company Name _____

Contact Person* _____

Title _____ Email address _____

Address _____ City _____

State/Province _____ Zip Code _____ Country _____

Telephone () _____ Fax () _____

Website Address _____

We were referred by this NIOP member (if applicable): _____

** This will be the designated representative from your member company.*

2. Business description:

Services _____

Product(s) _____

3. Other representatives from your firm who should receive NIOP communications:

Name _____ Email address _____

Name _____ Email address _____

Name _____ Email address _____

4. Payment options:

___ Enclosed is our check payable to NIOP for \$1150.00

___ Please charge \$1150.00 to (circle one) AMEX VISA MasterCard

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

To make a payment by wire transfer, please contact NIOP Headquarters at phone: 202-785-8450.

For Federal Income Tax purposes, membership dues and contributions to this association are deductible as business expenses, not as charitable contributions.