2027 Membership Application

CREDA Northern Ohio

CREDA
COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION

☐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):

☐ 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 (<u>select ONE</u>):

☐ Academician ☐ Attorney ☐ Contractor ☐ Environmental ☐ Investor ☐ Property Manager ☐ Supplier
☐ 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 CREDA in the development of new products and services. CREDA 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 ☐ Hispanic or Latino/a ☐ Middle Eastern or North African ☐ White
☐ Black or African American ☐ Indigenous Peoples ☐ Native Hawaiian or Other Pacific Islander ☐ Prefer not to disclose

How Did You Hear About Us?

☐ CREDA Chapter
☐ CREDA Conference (event _____)
☐ CREDA Website
☐ Member Referral (name_____)
☐ Direct Mail
☐ Phone Call
☐ Media
☐ Social Media
☐ Personal Research
☐ Other (_____)

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

Online: Visit **credaglobal.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@credaglobal.org**.*
Mail: Mail your completed application to **CREDA, CL500060, PO Box 5007, Merrifield, VA 22116-5007**.*

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

credaglobal.org/join

Name _____

Membership Category

☐ **Full Member (First): $970**
You are the first person from your organization to join CREDA Northern Ohio (Dues that may not be deducted as a business expense: $317.25)

☐ **Affiliate Member (Second or Subsequent): $480**
You are the second or subsequent person to join from the member firm, with CREDA Northern Ohio as your primary chapter.
(Dues that may not be deducted as a business expense: $189.50)

☐ **Developing Leader Member: $310**
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: 102.75)

☐ **Public Official Member: $305**
You are employed by a local, state, or federal government or nonprofit organization. (Dues that may not be deducted as a business expense: $100.00)

☐ **Student Member: $30**
You are a fulltime student, who is not employed fulltime. ***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: $8.40)

Expected Graduation Date: _____ (Month/Year) **Degree Type:** ☐ Associate's ☐ Bachelor's ☐ Master's ☐ J.D. ☐ Ph.D.

Field of Study: _____

Membership Agreement

CREDA 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 CREDA.

CREDA dues are for 12 months of membership. For federal income taxes, CREDA 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 CREDA's refund policy? Please call the Member Services team at 800-456-4144.

Payment Information

(from selected Membership Category above)

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

Total Payment Authorized $_____

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