

**NAIOP Maryland  
2008 Annual Partnership Application Form**

Company: \_\_\_\_\_

Partner Level: **Platinum Gold Silver Bronze**                      \$ \_\_\_\_\_

*Note: All partner information will be sent to the individual listed below. Please be sure to double check the e-mail address as the majority of correspondence will be sent electronically.*

**Partner Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment Options:**

- Enclosed is our check payable to NAIOP Maryland
- Charge my credit card  
Account #: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_  
Print Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Please Mail this form to:  
NAIOP Maryland  
720 Light Street  
Baltimore, MD 21230  
410.752.3318 / Fax: 410.752.8295**