



## Application for Lobbyist Assistance Program

1. Chapter Name: \_\_\_\_\_
2. Chapter Contact and Phone Number: \_\_\_\_\_
3. Name of Applicant: \_\_\_\_\_
4. Credentials of Applicant: (Please attach resume of applicant and any additional material)
5. Please describe the goals and objectives of the Lobbyist (use additional pages if needed).
  
6. Please provide the terms of the contact and scope of work.

\_\_\_\_\_  
Chapter President Public Affairs

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Chapter Executive Director

### Return Completed Application and Supplemental Materials to:

Toby Burke  
Senior Director of State and Local Affairs, NAIOP  
2355 Dulles Corner Boulevard, Suite 750, Herndon, VA 20171

(703) 904-7100 ext. 116      (703) 904-7942 (F)  
burke@naiop.org