



YOUNG PROFESSIONALS GROUP

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RECOMMENDATION FORM

This recommendation form is to be completed preferably by any member in good standing of NAIOP SoCal and returned by the sponsor separately from the student application, so that it is RECEIVED before 5:00 p.m. on Friday, March 14, 2025, at the NAIOP SoCal office located at 918 E. Santa Ana Blvd., Santa Ana, CA 92701, Attn. Becky Ezell. Please attach a cover letter detailing your support for the candidate as this helps personalize your support beyond the general guidance of the requests below. We respectfully ask that you carefully consider the qualifications of the candidate you are sponsoring since enrollment in the program is limited. All responses will be treated as confidential. Each Sponsor may only recommend a maximum of two (2) applicants.

NAME OF APPLICANT:	
COMPANY:	
YOUR RELATIONSHIP WITH APPLICANT:	
Current Employer/Employee	Current Client/Service Provider
Long-Time Personal Relationship	Occasional Social Contact
By Referral or Reputation	Former Business Association
Please describe briefly why you believe the application	ant would be a valuable contributor to the program?
Please describe any personal knowledge you may personal and professional integrity.	have of the applicant's leadership abilities, work ethic,
Any other comments:	





Please check one:		
Highly Recommend		
Recommend		
Endorsed as a courtesy		
Recommend with reservations		
Name of person making recommendation:		_
	Please Print!	Member of NAIOP SoCal?(Preferred, but not mandatory)
Company:		
none: Email:		
Signature:		_ Date:
Please attach a cover letter and mail it so Becky Ezell, Director of Administration NAIOP SoCal 918 E. Santa Ana Blvd. Santa Ana, CA 92701 Phone #: (714) 550-0309	o that it is REC	EIVED by Friday, March 14, 2025:
Please mark envelope ***confidential***		

NOTE:

Recommendations may be submitted electronically to bezell@naiopsocal.org PROVIDED it is sent DIRECTLY from the sponsor or their assistant and includes an electronic signature.