

# NAID® BUSINESS ASSOCIATE CONTRACT MEMBER AGREEMENT & WEBINAR ORIENTATION REGISTRATION

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

NAID Active/Franchise Member Company: \_\_\_\_\_

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

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

**RELEASE/USE/NON-DISCLOSURE/COPYRIGHT AGREEMENT (Must Initial Each Item and Sign at Bottom)**

INITIAL EACH

- \_\_\_\_\_ I/We are a NAID Active or Franchise Member in good standing.
- \_\_\_\_\_ I/We understand and agree that the NAID Business Associate Contract, in whole and its separate parts, and the information contained therein, are an exclusive member benefit.
- \_\_\_\_\_ I/We understand and agree that NAID shall be held harmless from any claims or damages arising from our use of the Business Associate Contract for any reason.
- \_\_\_\_\_ I/We understand and agree that the NAID Business Associate Contract is being distributed to me and/or the firm only on the basis that we are members in good-standing, further, that in the event NAID membership discontinues for any reason, use of and access to the Business Associate Contract will cease immediately.
- \_\_\_\_\_ I/We understand and agree that I as an individual and/or the firm I represent will by no means make the NAID Business Associate Contract or any of the data therein, available or accessible to any other secure destruction service provider for the purposes of circumventing payment of any associated fee(s) or the requirement to be a NAID Member.
- \_\_\_\_\_ I/We understand and agree that if I as an individual and/or the firm I represent in anyway violate the conditions of this release, I/we will be subject to both the judgments and penalties of NAID, including possible expulsion from the association and/or fines, as well as criminal and civil prosecution to the fullest extent of the law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**WEBINAR ORIENTATION REGISTRATION** (spaces limited and will be assigned on first received basis)

Tuesday, July 28 at 4:00pm EST

NAID will confirm registration receipt and email webinar details to email provided above.

**PAYMENT**

**\$ 89.00**

- Enclosed Check (Payable to "NAID") Check No.: \_\_\_\_\_
- AmEx     MasterCard     Visa Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires (mo/yr): \_\_\_\_ / \_\_\_\_
- Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**FAX TO: (602) 788-4144 OR MAIL TO: NAID, 1951 W. Camelback Rd #350, Phoenix, AZ 85015**

NAID use Only				
Rec'd: _____	Mem#: _____	Confirmation : _____	Status Report: _____	QB: _____