



Associate Membership Application - 2019

(For Companies Offering Products and Services to the Information Destruction Industry)

CONTACT INFORMATION *(as you want it to appear on the i-SIGMA website)*

Company Name *(Max 33 characters)*: _____

Company Representative: First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Country Specific Employer ID #: _____ Year Business Established: _____

PRODUCT/SERVICE CATEGORIES: *Please Check All Appropriate Categories*

<input type="checkbox"/> Air Quality/HVAC Systems	<input type="checkbox"/> Balers, Baling Wire & Tying Systems
<input type="checkbox"/> Barcode Equipment Supplies	<input type="checkbox"/> Business Consulting Services
<input type="checkbox"/> Business Management Software	<input type="checkbox"/> Cabinets & Consoles, Security
<input type="checkbox"/> Carts & Collection Containers	<input type="checkbox"/> CCTV, Surveillance, Security & Alarm Systems
<input type="checkbox"/> Certification Consultants	<input type="checkbox"/> Collection Containers, Office
<input type="checkbox"/> Collection Containers, Residential	<input type="checkbox"/> Consultants
<input type="checkbox"/> Conveyors, Sorters & Handling Equipment	<input type="checkbox"/> Credit Card Processing
<input type="checkbox"/> Data & Records Management Services	<input type="checkbox"/> Destruction Equipment, Mobile
<input type="checkbox"/> Destruction Equipment, Plant-based	<input type="checkbox"/> Destruction Equipment, Repair & Parts
<input type="checkbox"/> Destruction Equipment/Systems,	<input type="checkbox"/> Computers, Electronics & Digital Media
<input type="checkbox"/> Destruction Services, Electronics & Products	<input type="checkbox"/> Drug Screening & Training Programs
<input type="checkbox"/> Dust Collection and Compliance	<input type="checkbox"/> Employee Training Services
<input type="checkbox"/> Facility Equipment, Maintenance and Repair	<input type="checkbox"/> Film/Media/Sound Archiving Equipment
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Fire Detection & Suppression Systems
<input type="checkbox"/> Fire Suppression Equipment Services	<input type="checkbox"/> Fireproof Modular Media Vault
<input type="checkbox"/> Imaging Equipment Software Services	<input type="checkbox"/> Insurance Providers
<input type="checkbox"/> Legal, Business Valuation & Brokerage	<input type="checkbox"/> Marketing & Promotional Services
<input type="checkbox"/> Media Vault Equipment Services	<input type="checkbox"/> Mergers & Acquisitions
<input type="checkbox"/> Paper Recyclers, Mills & Brokerage Firms	<input type="checkbox"/> Records Storage Equipment
<input type="checkbox"/> Recyclers, Non-Paper	<input type="checkbox"/> Shelving/Racking
<input type="checkbox"/> Trucks/Vehicles & GPS/Fleet Management	<input type="checkbox"/> Various/Miscellaneous: (Check this box ONLY if your primary business is not represented in the above listed categories. Provide a two to three-word descriptor of your product or service)

Market Regions:

<input type="checkbox"/> Africa	<input type="checkbox"/> Asia
<input type="checkbox"/> Australasia	<input type="checkbox"/> Europe
<input type="checkbox"/> Middle East	<input type="checkbox"/> North America

i-SIGMA Use Only	
Rec'd: _____	GM: _____ Rec Ver (1): _____ (2): _____ (3): _____ Com. Notice: _____ Com Apr: _____

MEMBER REFERRAL – Did a NAID or PRISM International member refer you for joining? No Yes

Company: _____ Contact: _____ Phone: _____

MEMBER RECOMMENDATIONS - Provide three references from i-SIGMA Active Members. Client references may be substituted.

Company: _____ Contact: _____ Phone: _____ Email: _____

Company: _____ Contact: _____ Phone: _____ Email: _____

Company: _____ Contact: _____ Phone: _____ Email: _____

Company: _____ Contact: _____ Phone: _____ Email: _____

We agree with and are bound to the following:

(Please initial each item and sign on bottom)

- By initialing here, I confirm and agree that our company will abide by the i-SIGMA Code of Ethics (www.naidonline.org/code_of_ethics.html) and Bylaws (www.naidonline.org/bylaws.html).
- By initialing here, I can attest that our company, or any of its owners/officers/related affiliates
 Have not; Have been affiliated with a current or past NAID or PRISM International Member:
(_____)
- By initialing here, I attest that I, and all agents of the company, understand that i-SIGMA, NAID, or PRISM International does not certify any particular type or brand of equipment whether it is for collection, transport, destruction or disposal of sensitive material.
- By initialing here, I attest that I, and all agents of the company, understand that as an Associate Member it is not permissible to advertise or promote any product or services as being NAID AAA Certified or Privacy+ Certified. I further understand that the NAID Certification specifications are not divisible but exist as a unified code of practice, and therefore, it is misleading to lead those who purchase such equipment to believe that a piece of equipment or type of container is, in and of itself, NAID AAA Certified or that it meets NAID AAA Certification standards. *(Note: If the i-SIGMA Complaint Resolution Council encounters advertising of NAID AAA Certification from a service provider on the basis that their vendor (i.e. possibly an i-SIGMA Associate Member) either told them or advertised that the equipment they purchased was NAID AAA Certified or made them NAID AAA Certified, then to that degree, if true, the vendor is complicit in their violation of i-SIGMA trademarks.)*
- By initialing here, I confirm and agree that the company may, after all appeals and due process afforded every i-SIGMA Member-company, be subject to sanctions, fines, or termination for not complying with rulings of the i-SIGMA Board of Directors in association matters related to the resolution of ethical transgressions and correcting misleading or false information.
- By initially here, I understand that i-SIGMA has the right to post public notices on its website and/or elsewhere correcting false information and/or i-SIGMA Board of Directors-approved sanctions as is described in the i-SIGMA Complaint Resolution Council guidelines or described herein.
- By initialing here, I understand ‘i-SIGMA™’, ‘NAID®’, the NAID logo, the NAID AAA Certification® logo, ‘PRISM International™’, the PRISM International logo, ‘Privacy+®’, the Privacy+ logo, and the Vendor Member logo are trademarks of i-SIGMA, and, while i-SIGMA will not unreasonably restrict or require permission for the appropriate, valid use of such marks by its members, i-SIGMA retains the exclusive right to decide in what manner and where these marks may be displayed. Associate Members may only use the Vendor Member logo as a visual representative of their membership.
- By initialing here, I confirm and acknowledge that this agreement is limited to the term of the 2019 i-SIGMA Associate Membership.
- By initialing here, I confirm and agree that continued membership in i-SIGMA is dependent upon the fulfillment of this agreement and that membership is granted only on the basis of that expressed intention.
- By initialing here, I confirm and acknowledge that if any clause in this agreement is deemed unenforceable in a court of law, it shall not affect the enforceability of the other clauses.

The information provided by me in this application is truthful and accurate. I have permission and legal authority to bind the organization to the agreements within this application.

Signature: _____ **Date:** _____

PAYMENT INFORMATION

Calculation:

Initiation Fee: One-Time Only (as long as membership is maintained)	\$ 600.00
2019 Associate Membership Dues	\$ 698.00
Additional Branch Location Fee:	\$ 300.00 Each _____
TOTAL REMITTANCE:	\$ _____ USD

Address for Branch Location:

Company Name: _____

Company Representative First Name: _____ Last Name: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Payment is by:

Enclosed Check (Payable to "NAID") Check No: _____

AmEx MasterCard Visa Card # _____ : _____ - _____ - _____ Expires (Mo/Yr): ____ / ____

Name on Card: _____ Signature: _____ CCV: _____

Billing Address: _____

Mail to:
 i-SIGMA International Headquarters
 3030 N. 3rd Street, Suite 940, Phoenix, AZ 85012

FAX to (only if paying by credit card):
 i-SIGMA
 (480) 658-2088

The International Secure Information Governance & Management Association™ (i-SIGMA™) is a 501(c)6 organization. According to the IRS, dues may be deductible as a business expense for U.S. members but not as a charitable contribution. Please check with your tax adviser.