



Associate Member

Additional Vendor Market Listing - 2018

(for current Associate/Vendor members to be listed on one of NAID's other market directories)

Company Name (Max 33 characters): _____

Company Representative: _____ Email: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Please Check All Appropriate Product or Service Categories

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Quality/HVAC Systems | <input type="checkbox"/> Destruction Equipment, Mobile | <input type="checkbox"/> Franchise & Conversion Opportunities |
| <input type="checkbox"/> Balers, Baling Wire & Tying Systems | <input type="checkbox"/> Destruction Equipment, Plant-based | <input type="checkbox"/> Insurance Providers |
| <input type="checkbox"/> Cabinets & Consoles, Security | <input type="checkbox"/> Destruction Equipment, Repair & Parts | <input type="checkbox"/> Marketing & Promotional Services |
| <input type="checkbox"/> Carts & Collection Containers | <input type="checkbox"/> Destruction Equipment/Systems, Computers, Electronics & Digital Media | <input type="checkbox"/> Mergers & Acquisitions |
| <input type="checkbox"/> CCTV, Surveillance, Security & Alarm Systems | <input type="checkbox"/> Destruction Services, Electronics & Products | <input type="checkbox"/> Paper Recyclers, Mills, & Brokerage Firms |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Drug Screening & Training Programs | <input type="checkbox"/> Records Storage Equipment |
| <input type="checkbox"/> Conveyors, Sorters & Handling Equipment | <input type="checkbox"/> Employment Services | <input type="checkbox"/> Recyclers, Non-Paper |
| <input type="checkbox"/> Data & Records Management Services | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Software & Database Management |
| <input type="checkbox"/> Debt Collection | <input type="checkbox"/> Fire Detection & Suppression Systems | <input type="checkbox"/> Trucks/Vehicles & GPS/Fleet Management |

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:

The information provided by me for this additional market listing is truthful and accurate.

Signature: _____ **Date:** _____

PAYMENT INFORMATION:

2018 Associate Membership Additional Website Listing (Prorated Membership Dues) \$ 75.00 USD

TOTAL REMITTANCE: \$ _____ USD

Payment is by:

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

AmEx Discover MC/Visa # _____ - _____ - _____ - _____ Expires (mo/yr): _____ / _____

Name on Card: _____ Signature: _____ CCV: _____

Billing Address: _____

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

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

| | | | | | |
|---------------|-----------|----------------|----------------|-----------|-----------------|
| NAID Use Only | | | | | |
| Rec'd: _____ | GM: _____ | Member#: _____ | Website: _____ | QB: _____ | Complete: _____ |

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