



Active/Franchise Membership Application – 2018

(For Companies Providing Information Destruction Services to Consumers in Europe)

NOTE: NAID EUROPE MEMBERS ARE ALSO MEMBERS OF NAID GLOBAL

CONTACT INFORMATION (as you want it to appear on NAID-Europe's website)

Company Name (Max 33 characters): _____

Company Representative First Name: _____ Last Name: _____

Physical Address: _____

Physical Address (add'l): _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email: _____ Website Address: _____

If different than above, please check and indicate information below:

Billing Contact Name: _____ E-mail: _____

Phone: _____ Fax: _____

COMPANY PROFILE:

Year Company Established: _____ Year Destruction Business Established: _____ # Destruction Bus. Employees: _____

Type of Company (check one)

- Non-Franchise Franchise (*Franchise Members are not eligible to vote or hold office in the Association*)

Type of Operations (check all that apply):

- Plant-based Info Destruction Operations: # _____ plants & # _____ collection trucks

Please complete the Additional Locations for each plant over 1.

- Mobile Operations with # _____ shredding trucks

Destruction Services Offered (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Paper Shredding | <input type="checkbox"/> Incineration | <input type="checkbox"/> Disintegration/Micro Media Destruction |
| <input type="checkbox"/> Magnetic Degaussing | <input type="checkbox"/> Pulping | <input type="checkbox"/> Electronic Media Destruction (Computers, Digital Eq., etc) |
| <input type="checkbox"/> Hard Drive Data Sanitization | <input type="checkbox"/> Residential Services | <input type="checkbox"/> Product Destruction (Prototypes, Clothing) |

Other Services Offered (check all that apply):

- Record Storage Recycling Waste Disposal Other (please list): _____

Please answer the following questions: (check yes or no for each)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is access to client confidential materials restricted to employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do employees sign a confidentiality agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you own and/or operate destruction equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you screen employees via a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you use closed trucks to transport materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you provide commercial information destruction services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REQUIRED DOCUMENTATION (the following are included with this application)

To apply for Active Membership, you must already possess, or be in the process of purchasing destruction equipment.

Equipment Manufacturer: _____ **OR** Attached Documentation: _____
 Manufacturer Rep: _____ (Actual photo of your equipment,
 Phone: _____ Fax: _____ Sales Receipt/Invoice, etc.)
 Email: _____ Describe: _____

Proof of Business: Legal document/business license showing business name (from city, state or federal)

MEMBER REFERRAL – Did your equipment manufacturer or another NAID member refer you for joining? No Yes

Company: _____ Contact: _____ Phone: _____

NAID Use Only					
Rec'd: _____	GM: _____	Bus Ver: _____	EQ Ver: _____	Com. Notice: _____	Com Apr: _____
Member#: _____	Referral: _____	QB: _____	Website: _____	MP Sent: _____	Complete: _____

ADDITIONAL LOCATIONS

List any & all additional locations of the Parent Company which provides information destruction services using a separate sheet if there is more than one additional location.

Location/Branch Name: _____

Location/Branch Representative: _____ Title: _____

Physical Address (required): _____

Phone: _____ Facsimile: _____ Email: _____

Type of Operations (check all that apply):

Plant-based Operation: # _____ collection only trucks Mobile Operation with # _____ shredding trucks

We agree with and are bound to the following:

(Please initial each item and sign on bottom)

By initialing here, I attest that I am an owner, executive officer, or manager of the company submitting this application and have full authority to represent this company and I have full knowledge of our operations.

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 Member.

By initialing here, I attest that this application is truthful and accurately reflects our company's operations.

By initialing here, I attest that our company provides information destruction services on a commercial basis.

By initialing here, I confirm that I have read and we agree to abide by the Code of Ethics and By-laws of the National Association for Information Destruction, Inc. (available on website at www.naidonline.org).

By initialing here, I/we understand and agree that, as a NAID member, our company may only use the NAID logos and trademarks that are directly provided by NAID (available on website at www.naidonline.org).

By initialing here, I/we understand this application is for membership only and that NAID Certification is a separate application and voluntary process. I/we further understand that unless and until our company's services become NAID Certified that NAID does not endorse or approve our business standards or operations as Certified; nor will we suggest in any way that we meet NAID certification standards unless we are NAID certified.

By initialing here, I give NAID permission to post our company and contact information on any NAID website or list in other places where it will promote our business.

By initialing here, I give NAID permission to send the contact information of the member representative to NAID Vendor members upon their request.

By initialing here, I give NAID permission to verify any and all information contained on this application through whatever means are necessary, including a site visit by NAID management or NAID contracted auditor.

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:** _____

ADDITIONAL DOCUMENTATION (Please attach & initial each included with application, if applicable.)

Printed Promotional/Marketing materials

Copy of Employee Confidentiality Agreement

PAYMENT INFORMATION (NAID-Europe Active/Franchise Ap)

Calculation:

Initiation Fee: One-Time Only (as long as membership is maintained) **\$ 300.00 USD**

2018 Active/Franchise Membership Dues (Prorated Membership Dues) **\$ 165..00 USD**

_____ **Additional Locations** x **\$77.50 USD per additional location** = \$ _____ **USD**

Disclaimer: The Membership Fees are billed on a calendar basis. The 2018 Membership Dues are being prorated for the remainder of the year and the 2019 Membership Dues will be made payable in January

TOTAL REMITTANCE: \$ _____ **USD**

Payment is by:

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

Name on Card: _____ Signature: _____ CCV: _____

Billing Address: _____

Cheques Are Not Accepted

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

"The National Association for Information Destruction 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."