



# Active/Franchise Membership Application – 2018

(For Companies Providing Information Destruction Services)  
NOTE: NAID-CANADA MEMBERS ARE ALSO MEMBERS OF NAID GLOBAL.

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

**Company Name** (Max 33 characters): \_\_\_\_\_  
Company Representative First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
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:

BN #: \_\_\_\_\_ Company Name (as per ID #): \_\_\_\_\_

Year Company Established: \_\_\_\_\_ Year Destruction Business Established: \_\_\_\_\_ # Destruction Bus. Employees: \_\_\_\_\_

Type of Application (check one)  Non-Franchise  Franchise (Franchise Members are not eligible to vote or hold office in the Association)

Type of Company (check one)  Private Corp.  Publicly Held Corp.  Public Utility  
 Sheltered Workshop/Non-Profit Organization  Other: \_\_\_\_\_

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):

- Paper Shredding  Incineration  Disintegration/Micro Media Destruction
- Magnetic Degaussing  Pulping  Electronic Media Destruction (Computers, Digital Eq., etc)
- Hard Drive Data Sanitization  Residential Services  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?  Yes  No
2. Do employees sign a confidentiality agreement?  Yes  No
3. Do you own and/or operate destruction equipment?  Yes  No
4. Do you screen employees via a background check?  Yes  No
5. Do you use closed trucks to transport materials?  Yes  No
6. Do you provide commercial information destruction services?  Yes  No

## REQUIRED DOCUMENTATION – EQUIPMENT VERIFICATION AND PROOF OF BUSINESS

(To qualify for Active Membership, you must own/lease your own equipment, or be in the process of purchasing destruction equipment, and be legally permitted to operate a business where you claim).

Equipment Manufacturer: \_\_\_\_\_  1. Attach a copy of sales receipt or invoice that  
Manufacturer Rep: \_\_\_\_\_ OR shows the make/model of the destruction equipment.  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 2. Attach photos of the destruction equipment.  
Email: \_\_\_\_\_ 3. List the make/model: \_\_\_\_\_

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: _____

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**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

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**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](http://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](http://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:** \_\_\_\_\_

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

- Printed Promotional/Marketing materials                       Copy of Employee Confidentiality Agreement
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**PAYMENT INFORMATION** (NAID-Canada Active/Franchise Ap)

**Calculation:**

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

**2018 Active/Franchise Membership Dues (Prorated Membership Dues)** **\$ 165.00**

# \_\_\_\_\_ **Additional Locations** x **\$77.50 per additional location** = \$ \_\_\_\_\_

*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:**

Enclosed Cheque (Payable to "NAID") Cheque No.: \_\_\_\_\_  
 AmEx  Discover  MC/Visa # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires (mo/yr): \_\_\_\_ / \_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ CCV: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

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**Mail to:**

NAID International Headquarters  
3030 N. 3<sup>rd</sup> 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."*