

Active Membership Application – 2019

(For Companies Providing Information Destruction Services to Consumers in the United States)

COMPANY INFORMATION (as you want it to appear on NAID's website)

Company Name (Max 33 characters): _____
Company Representative's Name: _____ Title: _____
Physical Street Address: _____
City: _____ State: _____ Postal Code: _____ Country: _____
Phone: _____ Toll Free: _____ Facsimile: _____
Email: _____ Website: _____
If different than above, please check and indicate information below:
 Billing Contact Name: _____ E-mail: _____
Phone: _____ Fax: _____

COMPANY PROFILE:

Federal Employer ID #: _____ Company Name (as per ID): _____
Year Company Established: _____ Year Destruction Business Established: _____ # Destruction Bus. Employees: _____

Type of Information Destruction 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 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)

- Is access to client confidential materials restricted to employees? Yes No
- Do employees sign a confidentiality agreement? Yes No
- Do you own and/or operate destruction equipment? Yes No
- Do you screen employees via a background check? Yes No
- Do you use closed trucks to transport materials? Yes No
- 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 shows the make/model of the destruction equipment.
Manufacturer Rep: _____ **OR** 2. Attach photos of the destruction equipment.
Phone: _____ Fax: _____ 3. List the make/model: _____
Email: _____
- 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
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PAYMENT INFORMATION (NAID Active App)

Calculation:

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

2019 Active Membership Dues **\$ 660.00 USD**

_____ **Additional Locations** x **\$310.00 USD per additional location** = \$ _____ **USD**

TOTAL REMITTANCE: \$ _____ **USD**

Payment is by:

Enclosed Check (Payable to "i-SIGMA") Check No.: _____

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

Name on Card: _____ Signature: _____ **CCV:** _____

Address: _____

Mail to:

i-SIGMA: The home of NAID® and PRISM International™
3030 N. 3rd Street, Suite 940, Phoenix, AZ 85012

FAX to (only if paying by credit card):

(480) 658-2088

"i-SIGMA: The home of NAID® and PRISM International © 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."