



Active Membership Application – 2010

(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 Company (check one)

- Private Corp. Publicly Held Corp.
- Public Utility Sheltered Workshop/Non-Profit Organization Other: _____

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)
- Product Destruction (Prototypes, Clothing) Hard Drive Data Sanitization

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 shredding 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 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

PAYMENT INFORMATION (NAID Active Ap)**Calculation:**

Initiation Fee: One-Time Only (as long as membership is maintained) **\$ 600.00**

2010 Active Membership Dues **\$ 545.00**

_____ **Additional Locations** x **\$220 per additional location** = \$ _____

Maximum Dues are \$5,500 for any Active Member

Voluntary Contribution for Political Advocacy (recommended \$400/truck)* **\$ _____**

TOTAL REMITTANCE: USD \$ _____

Payment is by:

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

AmEx MasterCard Visa Card # _____ - _____ - _____ - _____ Expires (mo/yr): ____/____

Name on Card: _____ Signature: _____

Mail to:
NAID International Headquarters
1951 W. Camelback Rd., Suite 350, Phoenix, AZ 85015

FAX to (only if paying by credit card):
NAID
(602) 788-4144