



Associate Membership Application – 2008

(For Companies Offering Products and Services to the Information Destruction Industry)

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

Company Name (Max 33 characters): _____

Company Representative First Name: _____ Last Name: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Country Specific Employer ID #: _____ Year Business Established: _____

PRODUCT/SERVICE CATEGORIES: Please Check All Appropriate Categories

- Air Quality/HVAC Systems
- Balers, Baling Wire & Tying Systems
- Cabinets & Consoles, Security
- Carts & Collection Containers
- CCTV, Surveillance, Security & Alarm Systems
- Consultants
- Conveyors, Sorters & Handling Equipment
- Data & Records Management Services
- Destruction Equipment, Mobile
- Destruction Equipment, Plant-based
- Destruction Services, Electronics & Products
- Drug Screening & Training Programs
- Employee Screening Services
- Financial Services
- Fire Detection & Suppression Systems
- Franchise & Conversion Opportunities
- Insurance Providers
- Marketing & Promotional Services
- Mergers & Acquisitions
- Paper Recyclers, Mills, & Brokerage Firms
- Records Storage Equipment
- Recyclers, Non-Paper
- Software & Database Management
- 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.

MEMBER REFERRAL – Did a NAID member refer you for joining? No Yes

Company: _____ Contact: _____ Phone: _____

MEMBER RECOMMENDATIONS *Required*

Provide three references from NAID Active Members. Client references may be substituted.

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

NAID Use Only					
Rec'd: _____	GM: _____	Rec Ver (1): _____ (2): _____ (3): _____	Com. Notice: _____	Com Apr: _____	
Mem#: _____	Referral: _____	QB: _____	Website: : _____	MP Sent: _____	Complete: _____

We agree with and are bound to the following:

(Please initial each item and sign on bottom)

- By initialing here, I confirm and agree that our company will abide by the NAID Code of Ethics (www.naidonline.org/code_of_ethics.html) and Bylaws (www.naidonline.org/bylaws.html).
- By initialing here, I attest that I, and all agents of the company, understand that NAID does not certify any particular type or brand of equipment whether it is for collection, transport, destruction or disposal of sensitive material.
- By initialing here, I attest that I, and all agents of the company, understand that it is not permissible to advertise or promote any product or services as meeting NAID Certification standards. I further understand that the NAID Certification specifications are not divisible but exist as a unified code of practice, and therefore, it is misleading to lead those who purchase such equipment to believe that a piece of equipment or type of container is, in and of itself, NAID Certified or that it meets NAID Certification standards.
(Note: The NAID Complaint Resolution Council is encountering non-Members advertising NAID Certification on the basis that their supplier either told them or advertised the equipment they purchased met NAID Certification standards. To that degree, if true, the vendor is complicit in their violation of NAID trademarks.)
- By initialing here, I confirm and agree that the company may, after all appeals and due process afforded every NAID Member-company, be subject to sanctions, fines, or termination for not complying with rulings of the NAID Board of Directors in association matters related to the resolution of ethical transgressions and correcting misleading or false information.
- By initially here, I understand that NAID has the right to post public notices on its web site and/or elsewhere correcting false information and/or NAID Board of Directors-approved sanctions as is described in the NAID Complaint Resolution Council guidelines or described herein.
- By initialing here, I understand "NAID", the NAID logo and the NAID Certification logo are trademarks of the National Association for Information Destruction, Inc., and, while NAID will not unreasonably restrict or require permission for the appropriate, valid use of such marks by its members, NAID retains the exclusive right to decide in what manner and where these marks may be displayed.
- By initialing here, I confirm and acknowledge that this agreement is limited to the term of the 2008 NAID Associate Membership.
- By initialing here, I confirm and agree that continued membership in NAID is dependant upon the fulfillment of this agreement and that membership is granted only on the basis of that expressed intention.
- By initialing here, I confirm and acknowledge that if any clause in this agreement is deemed unenforceable in a court of law, it shall not affect the enforceability of the other clauses.

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:** _____

PAYMENT INFORMATION

Calculation:

NAID Website Listing for Membership (choose one):

- NAID naidonline.org
- NAID-Australasia naidaustralasia.org
- NAID-Canada naidcanada.org
- NAID-Europe naideurope.eu

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

2008 Associate Membership Dues **\$ 300.00**

July 1 – December 31 is now prorated to \$300 (Full Year is \$600)

Additional Website Listing **\$110.00 each** **\$ _____**

July 1 – December 31 is now prorated to \$110 per listing (Full Year is \$220 per listing)

Choose an additional NAID Website Listing for Your Company:

- NAID naidonline.org
- NAID-Australasia naidaustralasia.org
- NAID-Canada naidcanada.org
- NAID-Europe naideurope.eu

Company Name: _____

Company Representative First Name: _____ Last Name: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

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
3420 E. Shea Blvd., Suite 115, Phoenix, AZ 85028

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