



# Active/Franchise Membership Application – 2008

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

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

Company Name: \_\_\_\_\_ Company Representative Title: \_\_\_\_\_

Company Representative First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Physical Address (addtl): \_\_\_\_\_

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 Operations: # \_\_\_\_\_ plants/locations & # \_\_\_\_\_ collection only trucks  
*Please complete the Additional Locations for each plant over 1.*

- Mobile Operations with # \_\_\_\_\_ shredding trucks

Destruction Services Offered (check all that apply):

- Shredding  Incineration  Disintegration/Micro Media Destruction  
 Magnetic Degaussing  Pulping  Electronic Media Destruction (Computers, Digital Eq., etc.)  
 Product Destruction (Prototypes, Clothing, Etc.)

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 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

## 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, commercial grade 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: _____

