



Active/Franchise Membership Application – 2008

(For Companies Providing Information Destruction Services)

NOTE: NAID-CANADA MEMBERS ARE ALSO MEMBERS OF NAID INTERNATIONAL.

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 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/Franchise 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: _____ |

Company Name: _____

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 attest that this application is truthful and accurately reflects our company's operations.

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

Calculation:

Initiation Fee: One-Time Only (as long as membership is maintained) **\$ 400.00**

2008 Active/Franchise Membership Dues **\$ 297.50**

July 1 – December 31 is now prorated to \$297.50 (Full Year is \$595)

_____ **Additional Locations** x **\$200 per additional location** = \$ _____

July 1 – December 31 is now prorated to \$100 per location (Full Year is \$200 per location)

Maximum Dues are \$6,000 for any NAID-Canada Active/Franchise Member

Voluntary Contribution for Political Advocacy (recommended CAD \$500/truck)* **\$ _____**

* Please note these contributions for the purpose of political advocacy are not a tax deductible business expense.

All funds voluntarily donated for political advocacy will be accounted and spent on country-specific basis.

TOTAL REMITTANCE: CAD \$ _____

Payment is by:

Enclosed Cheque (Payable to "NAID-Canada") Cheque 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