



Active/Franchise Membership Application – 2008

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

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

Company Name (Max 33 characters): _____

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: _____ |

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) **\$ 300.00**

2008 Active/Franchise Membership Dues **\$ 272.50**

July 1 – December 31 is now prorated to \$272.50 (Full Year is \$545)

_____ **Additional Locations** x **\$110 per additional location** = \$ _____

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

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

TOTAL REMITTANCE: USD \$ _____

Payment is by:

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

Name on Card: _____ Signature: _____

Cheques Are Not Accepted

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