

# NAID<sup>®</sup> COMPLIANCE TOOLKIT

## MEMBER AGREEMENT & WEBINAR ORIENTATION REGISTRATION

*The NAID Compliance Toolkit is available to NAID Active/Franchise Members; each company representative must have completed the required orientation on its use.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 NAID Active/Franchise Member Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE/USE/NON-DISCLOSURE/COPYRIGHT AGREEMENT (Must Initial Each Item and Sign at Bottom)**

INITIAL EACH

- \_\_\_\_\_ I/We are a NAID Active or Franchise Member in good standing. I am a representative of the above named company and understand that I must complete the required training prior to utilizing the Compliance Toolkit.
- \_\_\_\_\_ I/We understand and agree that the NAID Compliance Toolkit, in whole and its separate parts, and the information contained therein, are copyrighted by NAID and that NAID reserves all rights of such ownership.
- \_\_\_\_\_ I/We understand and agree that when distributing the NAID Compliance Toolkit for its intended purpose, I/we are required to have any client or prospective client execute the NAID Compliance Toolkit Usage Agreement and to retain a copy of the agreement on file for 5 years from the date of execution.
- \_\_\_\_\_ I/We understand and agree that NAID requires that any individual who will present the Compliance Toolkit to current or prospective clients for their use in developing information destruction policies and procedures must complete training/orientation provided by NAID.
- \_\_\_\_\_ I/We understand and agree that NAID shall be held harmless from any claims or damages arising from our use or distribution of the Compliance Toolkit for any reason.
- \_\_\_\_\_ I/We understand and agree that I as an individual and/or the firm I represent will not reproduce or replicate the NAID Compliance Toolkit, in whole and in part, for any purpose, including circumventing required training, payment of associated fees or the requirement to be a NAID Member.
- \_\_\_\_\_ I/We understand and agree that NAID Compliance Toolkit are being sold to me and/or the firm only on the basis that we are members in good-standing, further, that in the event NAID membership discontinues for any reason, use of and access to the NAID Compliance Toolkit will cease immediately.
- \_\_\_\_\_ I/We understand and agree that I as an individual and/or the firm I represent will by no means make the NAID Compliance Toolkit or any of the data therein, available or accessible to any other secure destruction service provider for the purposes of circumventing required training, payment of associated fees or the requirement to be a NAID Member.
- \_\_\_\_\_ I/We understand and agree that if I as an individual and/or the firm I represent in anyway violate the conditions of this release, I/we will be subject to both the judgments and penalties of NAID, including possible expulsion from the association and/or fines, as well as criminal and civil prosecution to the fullest extent of the law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**WEBINAR ORIENTATION REGISTRATION (spaces limited and will be assigned on first received basis)**

Please register me for the one-hour session at a \$30 rate which includes complimentary Toolkit & CD (check only one):

- Tuesday, May 6, at Noon EST
- ~~Thursday, May 8, at Noon EST~~ Cancelled
- Tuesday, May 13, at Noon EST
- I am not available at any of above. Please notify me when future dates/times have been determined.

NAID will confirm registration receipt and email webinar details to email provided above.

**PAYMENT**

**\$ 30.00**

- Enclosed Check (Payable to "NAID") Check No.: \_\_\_\_\_
- AmEx     MasterCard     Visa Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires (mo/yr): \_\_\_\_ / \_\_\_\_
- Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**FAX TO: (602) 788-4144 OR MAIL TO: NAID, 3420 E. Shea Blvd. #115, Phoenix, AZ 85028**

NAID use Only				
Rec'd: _____	Mem#: _____	Confirmation : _____	Status Report: _____	QB: _____