



Associate Member

Additional Vendor Market Listing-2008

(for current Associate/Vendor members to be listed on one of NAID's other market directories)

Please list the following company/contact information in the Website Market for *(Check only one of the four markets)*

NAID *(additional listing):* www.naidonline.org

NAID-Australasia: www.naidaustralasia.org

NAID-Canada: www.naidcanada.org

NAID-Europe: www.naideurope.eu

Company Name: _____

Company Representative: _____ Email: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Please Check All Appropriate Product or Service Categories

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

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:

The information provided by me for this additional market listing is truthful and accurate.

Signature: _____ **Date:** _____

PAYMENT INFORMATION

Calculation:

2008 Associate Membership Additional Website Listing **\$ 220.00**

TOTAL REMITTANCE: **USD \$220.00**

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

NAID Use Only						
Rec'd: _____	GM: _____	Member#: _____	Website: _____	QB: _____	MP Sent: _____	Complete: _____