



# Active/Franchise Membership Application – 2009

(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 Info Destruction Operations: # \_\_\_\_\_ plants & # \_\_\_\_\_ collection 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)

- Is access to client confidential materials restricted to employees?  Yes  No
- Do employees sign a confidentiality agreement?  Yes  No
- Do you own and/or operate shredding equipment?  Yes  No
- Do you screen employees via a background check?  Yes  No
- Do you use closed trucks to transport materials?  Yes  No
- Do you provide commercial information destruction services?  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 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: _____

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**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

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**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 can attest that our company, or any of its owners/officers/related affiliates  
 Have not;  Have (\_\_\_\_\_) been affiliated with a current or past NAID Member.

By initialing here, I attest that this application is truthful and accurately reflects our company's operations.

By initialing here, I attest that our company provides information destruction services on a commercial basis.

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](http://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](http://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:** \_\_\_\_\_

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**ADDITIONAL DOCUMENTATION** (Please attach & initial each included with application, if applicable.)

Printed Promotional/Marketing materials

Copy of Employee Confidentiality Agreement

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**PAYMENT INFORMATION** (NAID-Australasia Active/Franchise Ap)**Calculation:**

**Initiation Fee:** One-Time Only (as long as membership is maintained) **\$ 300.00**

**2009 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**

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**Mail to:**  
NAID International Headquarters  
1951 W. Camelback Rd., Suite 350, Phoenix, AZ 85015

**FAX to (only if paying by credit card):**  
NAID  
(602) 788-4144