



Individual Membership Application – 2008

(For Individuals Only – See Below)

Individual Name: _____

Company Name: _____ Email: _____

Address: _____ City: _____

State/Prov.: _____ Postal Code: _____ Country: _____

Phone: _____ Facsimile: _____ Website: _____

Those who can apply for Individual Membership are persons who formerly have been involved in the information destruction business and who wish to remain connected to the Association; and professionals involved in information and/or security management.

I am someone:

- Formerly involved in the information destruction business
- Professional responsible for information management and/or security management

My current responsibility or position is:

- Accounting/Financial Management
- Information Technology
- Education
- Legal Administration
- Healthcare Administration
- Records & Information Management
- Human Resources Management
- Other (please indicate): _____

Why are you applying for NAID Membership? _____

How were you made aware of NAID? _____

Please note that Individual Members are not eligible to vote or hold office in the Association.

PAYMENT INFORMATION

Calculation:

2008 Individual Membership Dues **\$ 545.00**

TOTAL REMITTANCE: **USD \$ 545.00**

Payment is by:

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

The information provided by me in this application is truthful and accurate.

Signature: _____ **Date:** _____

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: _____	Com. Notice: _____	MP Sent: _____