Associate Member
Additional Vendor Market Listing-2010

(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 *(Max 33 characters)*: _____

Company Representative: _____ Email: _____

Address: _____

Phone: _____ Toll Free: _____ Facsimile: _____

Email for Sales/Inquires: _____ Website Address: _____

Please Check All Appropriate Product or Service Categories

☐ Air Quality/HVAC Systems
☐ Balers, Baling Wire & Tying Systems
☐ Cabinets & Consoles, Security
☐ Carts & Collection Containers
☐ CCTV, Surveillance, Security & Alarm Systems
☐ Consultants
☐ Conveyors, Sorters & Handling Equipment
☐ Data & Records Management Services
☐ Debt Collection
☐ Destruction Equipment, Mobile
☐ Destruction Equipment, Plant-based
☐ Destruction Equipment, Repair & Parts
☐ Destruction Equipment/Systems, Computers, Electronics & Digital Media
☐ Destruction Services, Electronics & Products
☐ Drug Screening & Training Programs
☐ Employment Services
☐ Financial Services
☐ Fire Detection & Suppression Systems
☐ Franchise & Conversion Opportunities
☐ Insurance Providers
☐ Marketing & Promotional Services
☐ Mergers & Acquisitions
☐ Paper Recyclers, Mills, & Brokerage Firms
☐ Records Storage Equipment
☐ Recyclers, Non-Paper
☐ Software & Database Management
☐ Trucks/Vehicles & GPS/Fleet Management

☐ 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:

2010 Associate Membership Additional Website Listing (pro-rated July 1, 2010 – December 31, 2010) **$ 110.00**

TOTAL REMITTANCE: USD **$**

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
1951 W. Camelback Rd., Suite 350, Phoenix, AZ 85015

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

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