



Active/Franchise Membership Application – 2010

(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):

- Paper Shredding Incineration Disintegration/Micro Media Destruction
 Magnetic Degaussing Pulping Electronic Media Destruction (Computers, Digital Eq., etc)
 Product Destruction (Prototypes, Clothing) Hard Drive Data Sanitization

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 – EQUIPMENT VERIFICATION AND PROOF OF BUSINESS

(To qualify for Active Membership, you must own/lease your own equipment, or be in the process of purchasing destruction equipment, and be legally permitted to operate a business where you claim).

- Equipment Manufacturer: _____
Manufacturer Rep: _____
Phone: _____ Fax: _____
Email: _____
- OR**
1. Attach a copy of sales receipt or invoice that shows the make/model of the destruction equipment.
 2. Attach photos of the destruction equipment.
 3. List the make/model: _____

- 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: _____

