



Active/Franchise Membership Application – 2010

(For Companies Providing Information Destruction Services to Consumers in Europe)

CONTACT INFORMATION (as you want it to appear on NAID-Europe's website)

Company Name (Max 33 characters): _____

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 (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: _____

