



# Active Membership Application – 2010

(For Companies Providing Information Destruction Services to Consumers in the United States)

## COMPANY INFORMATION (as you want it to appear on NAID's website)

Company Name (Max 33 characters): \_\_\_\_\_

Company Representative's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

If different than above, please check and indicate information below:

Billing Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## COMPANY PROFILE:

Federal Employer ID #: \_\_\_\_\_ Company Name (as per ID): \_\_\_\_\_

Year Company Established: \_\_\_\_\_ Year Destruction Business Established: \_\_\_\_\_ # Destruction Bus. Employees: \_\_\_\_\_

Type of Company (check one)

- Private Corp.  Publicly Held Corp.
- Public Utility  Sheltered Workshop/Non-Profit Organization  Other: \_\_\_\_\_

Type of Information Destruction 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)

1. Is access to client confidential materials restricted to employees?  Yes  No
2. Do employees sign a confidentiality agreement?  Yes  No
3. Do you own and/or operate shredding equipment?  Yes  No
4. Do you screen employees via a background check?  Yes  No
5. Do you use closed trucks to transport materials?  Yes  No
6. 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: \_\_\_\_\_  1. Attach a copy of sales receipt or invoice that shows the make/model of the destruction equipment.

Manufacturer Rep: \_\_\_\_\_ OR \_\_\_\_\_ 2. Attach photos of the destruction equipment.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 3. List the make/model: \_\_\_\_\_

Email: \_\_\_\_\_

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: _____

