

# Active Membership Application



For service provider companies offering Records Information Management Services to multiple clients for a profit.

## Company Information

Company Name *(as you want it to appear online)*: \_\_\_\_\_ Year Established: \_\_\_\_\_

Company Name *(as it appears on your business license. Note, you will need to provide a copy of your business license showing your business name to prove you are a legitimate business within the industry)*: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
*(street address) (city) (state/province) (zip) (country)*

Mailing Address: \_\_\_\_\_  
*(street address) (city) (state/province) (zip) (country)*

Billing Address: \_\_\_\_\_  
*(street address) (city) (state/province) (zip) (country)*

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

## Voting Representative & Primary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Website Contact *(person listed in the online directory for potential customers to contact)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Billing Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Services Provided by your Company *(mark all that apply)*

- Data Center Hosting/Co-Location Services
- Data Protection—E-Vaulting
- Data Protection—Offsite Data Storage
- Document Imaging/Scanning
- Document Management Software/ECM
- Film/Media/Sound Archiving
- Offsite Storage and Protection of Hard-Copy Records
- Records Management Consulting
- RIM Equipment and Supplies
- Secure Data Destruction

# Agreement of Membership

We agree with and are bound to the following *(please initial each item and sign on bottom)*:

By initialing here, I attest that I am an owner, executive officer, or manager of the company submitting this application and have full authority to represent this company and I have full knowledge of our operations.

By initialing here, I can attest that our company, or any of its owners/officers/related affiliates  
 Have not;  Have been affiliated with a current or past PRISM International Member, (\_\_\_\_\_).

By initialing here, I attest that this application is truthful and accurately reflects our company's operations.

By initialing here, I attest that our company provides some form of records information management services on a commercial basis.

By initialing here, I confirm that I have read, and we agree to abide by the Code of Ethics and Bylaws of i-SIGMA (available on website at [www.prismintl.org](http://www.prismintl.org)).

By initialing here, I/we understand and agree that, as a PRISM International member, our company may only use the PRISM International Member logos and trademarks that are directly provided by PRISM International (available on website at [www.prisminternational.org](http://www.prisminternational.org)).

By initialing here, I/we understand this application is for PRISM International membership only and that Privacy+ Certification is a separate application and voluntary process. I/we further understand that unless and until our company's services become Privacy+ Certified that PRISM International does not endorse or approve our business standards or operations as Certified; nor will we suggest in any way that we meet Privacy+ Certification standards unless we are PRISM Privacy+ Certified.

By initialing here, I give PRISM International permission to post our company and contact information on any i-SIGMA and PRISM International websites or list in other places where it will promote our business.

By initialing here, I give i-SIGMA permission to send the website contact information that will be published online to i-SIGMA Vendor members upon their request, as allowable by law.

By initialing here, I give i-SIGMA permission to verify any and all information contained on this application through whatever means are necessary, including a site visit by i-SIGMA management or an i-SIGMA contracted auditor.

The information provided by me in this application is truthful and accurate. I have permission and legal authority to bind the organization to the agreements within this application.

## Conditions

The information used to manage membership will be drawn from the organization profile and individual profiles in the i-SIGMA database for the contacts supplied. This individual profile is accessible by the contacts for updating and deletion of their information. The information in the profile will be used to manage the organization's membership. A member company's website contact's information (name, company name, address, email, phone number, fax, and URL) will be shared in the association's online directory to promote the organization. The information in the individual profile is also used to identify the individual as a representative of a company, thus, in the event of membership with i-SIGMA, allowing them membership benefits. In addition, e-mail addresses will be used in order to communicate billing, voting rights, association updates, certification management if applicable, event announcements and details with attendees, and association promotional opportunities. Member representatives may update their subscription preferences at any time to opt out of marketing communications. Website contacts' publicly displayed information will also be provided to i-SIGMA Associate Members. This list is updated in perpetuity and the current list can be viewed any time at <http://directory.naidonline.org/suppliers/>. Associate Members are obligated to offer an opt-out option should the Active Member website contact wish to not receive any further communications from them. To update or remove any member representative's contact information with i-SIGMA, please contact i-SIGMA: The home of NAID and PRISM International at 3030 N. 3rd Street, Ste. 940, Phoenix, AZ 85012, USA or +1 602-788-6243 or [info@isigmaonline.org](mailto:info@isigmaonline.org).

I have read and agree to these conditions on behalf of my organization and myself, as well as a proxy on behalf of any individual of whom I am sharing contact information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dues & Additional Information

Initiation Fee (for all new members there is a one-time initiation fee): \$300

Dual Membership Discount (for any company that is also a member of the NAID division of i-SIGMA, there is an annual discount):

Yes, Our Company is a NAID Member. Apply the \$250 Discount  No, Our Company is Not a NAID Member.

### Annual Dues Structure

Select Company Revenue	Annual Revenue	Locations Included with Dues*	Annual Membership Dues	2018 Q4 Prorated Membership Dues
	\$0-\$5 Million	1	\$660	\$165
	\$5-\$15 Million	3	\$1,980	\$495
	\$15-\$50 Million	8	\$5,280	\$1,320
	+\$50 Million	Unlimited	\$12,128	\$3,032

Annual dues renew on a calendar year basis and are based on total gross yearly revenue. By initialing below, I affirm that the dues amount I have selected above accurately represents the gross sales of my organization. \_\_\_\_\_  
(initial)

See page 4 to add Branches.

## Payment

### Calculation

Initiation Fee: One-Time Only (as long as membership is maintained)	\$ 300.00 USD
Active Membership Dues (2018 Q4 Prorated Membership Dues)	
Number of Additional Locations Beyond the Total Quantity Included with Membership x \$310 USD per additional location	
<b>Total Remittance (in USD)</b>	

### Payment Method

Enclosed Check (Payable to "NAID") Check No.: \_\_\_\_\_

Credit Card

AmEx  Discover  MC  Visa # \_\_\_\_\_

Expires (mo/yr): \_\_\_/\_\_\_ CCV: \_\_\_\_\_ Name on Card: \_\_\_\_\_

## Submit Application

- **Email to:** [membership@isigmaonline.org](mailto:membership@isigmaonline.org) Subject Line: PRISM International Active Membership
- **Mail to:** 3030 N. 3rd Street, Suite 940, Phoenix, AZ 85012
- **Fax to** (only if paying by credit card): (480) 658-2088

Note: iSIGMA and the National Association for Information Destruction is a 501(c)6 organization. According to the IRS, dues may be deductible as a business expense for U.S. members but not as a charitable contribution. Please check with your tax adviser.

# PRISM International Branch Locations

\*The quantity of "Locations Included with Dues" includes the primary location as indicated on this application as the first location. Members may add Branch locations until their total locations equal the quantity indicated as included with their membership based on gross revenue in the Dues Structure for no additional fee. Additional Branch locations may then be added beyond this included quantity for \$310 each, per year.

List any Branch locations you would like to include with your membership (included under the Dues Structure or for the additional fee).

## Location 1

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 2

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 3

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 4

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# Additional PRISM International Branch Locations

## Location 5

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 6

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 7

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 8

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Location 9

Main Location Company Name (from Page 1): \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(street address) (city) (state/province) (zip) (country)

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Website Contact** (person listed in the online directory for potential customers to contact)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Add additional sheets as necessary.**