

Service Provider Membership Application



(For Companies Providing Secure Information Destruction or Records & Information Management Services to Consumers)

Part 1) Contact Information

Company Name (as you want it to appear online): _____

Company Name (as it appears on your business license): _____
You may need to provide a copy of your business license showing your business name to prove you are a legitimate business within the industry.

Country Specific Employer ID #: _____ **Year Founded:** _____ **Number of Employees:** _____

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)

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 clients to contact)

First Name: _____ **Last Name:** _____ **Email:** _____ **Phone:** _____

Billing Contact

First Name: _____ **Last Name:** _____ **Email:** _____ **Phone:** _____

Subscribe any additional employees to the iG Direct and iG Journal at www.isigmaonline.org/education/subscribe.

Part 2) Operational Information

- Provides Secure Data Destruction Services
- Provides Records & Information Management (RIM) Services
- Is the location to which the application applies participating in the e-Stewards Program?

Please indicate Platform(s) by which media is processed by this organization's primary location: (Select all that apply)

- Facility-Based
- Mobile/Onsite

Please indicate the Media Destruction that is conducted by this organization's primary location: (Select all that apply)

- Shredding
- Micro Media
- Electronic Media
- Overwriting
- Non-Paper Media (Optical Media)
- Degaussing

Please indicate the RIM services offered by this organization's primary location: (Select all that apply)

- Paper Records Storage
- Electronic Data Backup
- Tape Storage
- Scanning/Imaging
- Tape Rotation
- Other(s): _____

Required Documentation – Equipment Verification & Proof of Business

To qualify for Service Provider 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.

i-SIGMA Use Only	Rec'd: _____	GM: _____	Bus Ver: _____	EQ Ver: _____	Com. Notice: _____	Com Apr: _____
	Member#: _____	Referral: _____	QB: _____	Website: _____	MP Sent: _____	Complete: _____

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: _____

Please answer the following questions: *(select Yes or No for each)*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is access to client confidential materials restricted to employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do employees sign a confidentiality agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you own and/or operate destruction or RIM equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you screen employees via a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you use closed vehicles to transport materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you provide commercial information destruction or RIM services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part 3) Additional Locations

All company locations offering RIM or Destruction Services MUST be listed as an additional member location. Use the Additional Locations Form to list any additional locations.

Does your company have any additional locations, aside from the one listed in Part 1 of this application, that offer either RIM or Destruction Services?

- Yes *(please also complete the Additional Locations Addendum at the end of this application; proceed to Part 4)*
- No *(proceed to Part 4)*

Part 4) Agreement

We agree with and are bound to the following: *(Please initial each item and sign at the end of the section)*

- _____ By initialing here, I attest that I am an owner, executive officer, or manager of the company submitting this application, have full knowledge of its operations, and have full authority to represent this company and its employees.
- _____ By initialing here, I can attest that our company and/or any of its owners/officers/related affiliates
 - Have not; Have been affiliated with a current or past i-SIGMA Member, _____.
- _____ By initialing here, I attest that our company provides secure information destruction or records 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 By-laws of i-SIGMA (available at www.isigmaonline.org).
- _____ By initialing here, I understand, and we agree that as an i-SIGMA member, our company may only use the i-SIGMA logos and trademarks that are directly provided by i-SIGMA for member use (available in the Member Portal). i-SIGMA retains the exclusive right to decide in what manner and where these marks may be displayed. Members do not have access to all i-SIGMA trademarks and may only use those provided as a visual representative of their membership.
- _____ By initialing here, I understand this application is for membership only and that NAID AAA and/or PRISM Privacy+ Certification is a voluntary process with a separate application and fee(s). I further understand that unless and until our company receives an i-SIGMA Certification (e.g., NAID AAA Certification or PRISM Privacy+ Certification) that i-SIGMA does not endorse or approve our business standards or operations as “Certified” nor will i-SIGMA suggest in any way that we meet any i-SIGMA certification program standards; I also understand that to infer as much would be a violation of the Code of Ethics.
- _____ By initialing here, I confirm and agree that the company may, after all appeals and due process afforded every i-SIGMA Member-company, be subject to sanctions, fines, or termination for not complying with rulings of the

i-SIGMA Board of Directors in association matters related to the resolution of ethical transgressions and correcting misleading or false information.

- By initially here, I understand that i-SIGMA has the right to post public notices on its website and/or elsewhere correcting false information and/or i-SIGMA Board of Directors-approved sanctions as is described in the i-SIGMA Complaint Resolution Council guidelines (available on the website www.isigmaonline.org) or described herein.
- By initialing here, I give i-SIGMA permission to post our company and employee contact information (name, company name, address, email, phone number, fax, and URL) on any i-SIGMA website or list in other places where it will promote our business, this includes but is not limited to the Website Contact's information being posted on the i-SIGMA Directory found at <https://directory.isigmaonline.org>.
- By initialing here, I give i-SIGMA permission to send the contact information (name, company name, address, email, phone number, fax, and URL) of the company and designated Website Contact member representative (specified now or in the future) to i-SIGMA Corporate Partners upon their joining the association or their request. I understand that a current list of Corporate Partners can always be found at <https://directory.isigmaonline.org/suppliers/> and that these partners have agreed to adhere to GDPR guidelines.
- By initially here, I understand that 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. Individual profiles are accessible by contacts for review, and they may contact i-SIGMA at any time to update or delete information. The information in the profile will be used to manage the organization's membership. 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 membership benefits. In addition, e-mail addresses will be used 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 but not membership-specific communications. I understand to update or remove any member representative's contact information with i-SIGMA, to contact i-SIGMA at 3030 N. Central Ave, Ste. 706, Phoenix, AZ 85012, USA or +1 602-788-6243 or info@isigmaonline.org.
- By initialing here, I confirm and acknowledge that this agreement is limited to the term of the 2026 i-SIGMA Service Provider Membership. That each year, our company will need to renew our membership with i-SIGMA and upon payment of dues our company is continuing to confirm and agree to this Membership Agreement.
- By initialing here, I confirm and agree that continued membership as an i-SIGMA is dependent upon the fulfillment of this agreement and that membership is granted based on that expressed intention.
- By initialing here, I confirm and acknowledge that if any clause in this agreement is deemed unenforceable in a court of law, it shall not affect the enforceability of the other clauses.
- By initialing here, I attest that this application is truthful to my knowledge and accurately reflects our company's operations.
- 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.

I have read and consent to this Agreement on behalf of my organization, myself, and any and all company employees whose data is now subject to these terms.

Name: _____ Signature: _____

Position: _____ Date: _____

Part 5) Payment (in USD)

Calculation

Initiation Fee: One-Time Only <i>(so long as membership is maintained)</i>	\$ 800.00
2026 Service Provider Pro-rated Membership Dues	\$ 420.00
Addtl Branch Locations: # _____ \$202.50 per location	
Total Remittance <i>(in USD)</i>	

Payment Method

- Enclosed Check (Payable to "i-SIGMA") Check No.: _____
- Credit Card
- AmEx Discover MC Visa # _____
- Expires (mo/yr): ___/___ CCV: _____ Name on Card: _____

The International Secure Information Governance & Management Association™ (i-SIGMA®) 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.

Submit Application

- **Email to:** membership@isigmaonline.org **Subject Line:** i-SIGMA Service Provider Membership
- **Mail to:** 3030 N. Central Ave, Suite 706, Phoenix, AZ 85012
- **Fax to** *(only if paying by credit card):* (480) 658-2088

Service Provider Membership Application

Addendum: Additional Locations

All company locations offering RIM or Destruction Services MUST be listed as an additional member location.

Branch

Company Name (as you want it to appear online): _____

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:** _____

Operations Offered: Secure Data Destruction Services Records & Information Management (RIM) Services

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Operations Offered: Secure Data Destruction Services Records & Information Management (RIM) Services

Add additional sheets as necessary.