2024 Application

VOTING INTERNATIONAL CONTRACTOR MEMBERSHIP

FCIA
Firestop Contractors International Association

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Voting Contractor Member. If elected to membership, I agree to accept and abide by all of the By-Laws now in force and as amended from time to time. In making application for membership, I hereby waive all claims against the Association, its officers, directors and all members arising out of any act in connection with the acceptance or rejection of this application, or any action taken by the Membership Committee of the Association.

Company information (exactly as it is to appear in the Membership List at www.FCIA.org)

Name of Company:

Address:

City: State: Zip:

Phone Number: Fax Number:

Company E-mail: www:

Personal E-mail: Cell:

Complete this section only if applicable

Legal Name of Company (if different):

Subsidiary or Division of (if applicable):

Additional Business Entities

Form of business organization (check one)

❑ Sole Proprietorship   ❑ Partnership   ❑ Corporation   ❑ Other:

Types of work for which you contract (check all that apply)

❑ Penetration Firestopping   ❑ Perimeter Firestopping   ❑ Joint Firestopping   ❑ Grease Duct Fire Protection

❑ Electrical Circuit Protection   ❑ Pipe Covering Insulation   ❑ Curtain Wall Insulation   ❑ Waterproofing

❑ Caulking and Masonry Restoration   ❑ Drywall   ❑ Masonry   ❑ Other

Barrier Management Services (check all that apply) Additional $195 USD to Appear In Specialized BMS Member Lists

❑ All Barrier Management Services   ❑ Firestopping   ❑ Fire Dampers   ❑ Fire Doors (Rolling and Swinging)

❑ Fire-rated Glazing   ❑ SFRM and IFRM Fireproofing   ❑ Barrier Repairs   ❑ Barrier Surveys

❑ Barrier Management Software   ❑ Other

Primary representative (only the name & Email is listed in the Member List)

Name: Title:

Individual's E-mail:

Address (if different than company):

City: State: Zip:

Phone (if different) :   Fax (if different):

FCIA MEMBERSHIP APPLICATION – VOTING CONTRACTOR MEMBERSHIP

Other representatives (only the names are listed in the Member List)

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Other Industry Memberships: ❑ ICAA ❑ NIA ❑ SWRI ❑ Other: _____

Recommending Member (FCIA member who told you about us, if any)

Company: _____ Name: _____

I hereby agree in entirety and without reservation to the first paragraph of this membership Application. Further, I hereby certify that all information in this Application is true, complete and correct to the best of my knowledge.

Signature of Officer, Partner or Owner: _____

Print Name: _____ Title: _____ Date: _____

Provide a brief paragraph, describing your firm's business. Will be used on the FCIA website (www.FCIA.org)

General Market Area served…limit 5 states/provinces. National or International.
❑ States / Provinces - _____

❑ National – In Native Country _____ ❑ International – Regions _____

Application Requirements for Membership Approval

Applicants must submit ONE of the following for review and approval:

A. A **minimum** of two professional references relating to the Firestopping Industry i.e.: General Contractors, Building Owners, Fire Marshals, Building Officials, other Firestop Contractors

For office use only

1. Company: _____ Contact: _____ Phone: _____ _____
2. Company: _____ Contact: _____ Phone: _____ _____
3. Company: _____ Contact: _____ Phone: _____ _____

B. Employ personnel who have passed the FM 4991 or UL DRI Exam with an 80% or better.

   Employee Name: _____ (Attach copy of letter from UL/FM)

C. Firm is FM 4991 Approved or UL/ULC Qualified Contractor.

   ❑   Yes (Attach copy of certificate)

D. Show Firm's Evidence of firestopping industry participation, contracting, for one year. (Attach record of evidence)

FCIA MEMBERSHIP APPLICATION – VOTING CONTRACTOR MEMBERSHIP

How did you hear about FCIA? (Check all that apply)

❑ FCIA Member

  <mark>Please Name Company/Contact_____</mark>

❑ FCIA Office   (Phone call/email/postcard/fax)

❑ FCIA Website

❑ Distributor

❑ FM

❑ Internet Search

❑ Life Safety Digest

❑ Manufacturer

❑ UL

❑ Other: Please name_____

FCIA Committee Interest: (Check all that apply)

❑ Accreditation ❑ Codes ❑ Standards ❑ Technical ❑ Marketing ❑ Education ❑ Membership ❑ Program

**Please fill out an application at: WWW.FCIA.ORG, click on committees, application.

Payment of Dues – New Member Dues: ~~$1465 USD~~ <mark>$1,115 USD</mark> Renewals due annually in January

  Barrier Management Services Listing: add $195 USD Renewals due annually in January

Card Number:_____ Expiration Date: ____/____

Cardholder's Name:_____ Phone: (____) _____-_____

Cardholder's Mailing Address: _____

Cardholder's Signature:_____

E-Mail_____CVV#_____

Mail completed and signed Application with check or credit card form to:

- **FCIA – 800 Roosevelt Rd, C-312 Glen Ellyn, IL 60137**
- **Or scan/email all sides of application to: cathy@fcia.org**

QUESTIONS? Call +1 (708) 202-1108

We care about your privacy!

Upon complete processing of your credit card, this sheet will be shredded.