



APPLICATION – ASSOCIATE MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as an Associate 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.

Company information (exactly as it is to appear in the Membership List at 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: _____

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): _____

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: _____

Sponsoring Member (FCIA member sponsoring your membership, if any)

Company: _____ Name: _____

Payment of Dues – New Associate Member Dues: \$300US...renewals due January, each year.

Check made payable to Firestop Contractors International Association attached.

Charge my Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____ City: _____ St: ___ Zip: _____

E-mail: _____ Phone: _____

Invoice my company (processing of Application subject to receipt of payment in full)

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 _____

Membership Type: Associate - \$300US International Associate - \$300US

FCIA Committee Interest: Accreditation Codes, Standards & Technical Marketing
 Education Membership Program

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

- **FCIA - 4415 W. Harrison St., Suite 322A - Hillside, IL 60162**
- **Or fax both sides of application with credit card payment to (708) 449-0837**

Membership Includes: FCIA Website Membership Listing, FCIA Members Only Access on Website, Discounts on FCIA Manual of Practice, Firestop Industry Conference & Trade Show, FCIA Education and Committee Action Conference, FCIA Education DVD, Life Safety Digest Subscription, FCIA Enewsletter Subscription, FCIA Firestopping & Compartmentation Code and Specification Promotion, Committee Membership, use of FCIA's Trade Show Booth, and promotion of the Specialty Firestop Contractor Concept throughout the world.