

2022 APPLICATION

VOTING INTERNATIONAL CONTRACTOR MEMBERSHIP

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:					
Phone Number:	Fax Number:				
Company E-mail:	www:				
Personal E-mail:	Cell:				
Complete this section only if applicable					
Cubaidian, as Division of (if applicable).					
Additional Business Entities					
Form of business organization (check one)					
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ C	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: Tit	le:				
Individual's E-mail:					
Address (if different than company):					
City:	State: Zip:				
Phone (if different) :	Fax (if different):				

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0	ther representatives (only the names	are listed in the	Member List)		
N	ame:		Title:		
E	-mail:				
N	ame:				
E	-mail:				
0	ther Industry Memberships: ☐ ICAA	□ NIA	□ SWRI □ Oth	ner:	
R	ecommending Member (FCIA member	· who told you a	bout us, if any)		
С	ompany:		Name:		
	reby agree in entirety and without reserventers in this Application is true, con				n. Further, I hereby certify that
Sig	nature of Officer, Partner or Owner:				
Prin	nt Name:	T	itle:	Date	e:
	Drovido a brief navegraph, describ	ing vour firm's	husings Will k	as used on the ECIA wa	boite (unua ECIA erg)
	Provide a brief paragraph, describ	ing your inin s	business. will t	de used on the FCIA we	ebsite (<u>www.FCIA.org</u>)
_					
	neral Market Area servedlimit 5 state States / Provinces -	es/provinces. Na	ational or Interna	ational. 	
	National – In Native Country			☐ International – Regior	ns
Δnr	olication Requirements for Membersh	in Annroval			
	-				
App	olicants must submit ONE of the follow	wing for review	and approvai:		
A.	A minimum of two professional reference Marshals, Building Officials, other Firest		e Firestopping Ind	dustry i.e.: General Cont	ractors, Building Owners, Fire
	,	•		Dhana	For office use only
1. 2.	Company:	Contact: Contact:		Phone: Phone:	
3.	Company:	Contact:		Phone:	
В.	Employ personnel who have passed the	e FM 4991 or UL	DRI Exam with a	n 80% or better.	
	Employee Name:	(Attac	ch copy of letter fr	om UL/FM)	
C.	Firm is FM 4991 Approved or UL/ULC C	Qualified Contract	tor.		
	☐ Yes (Attach copy of certificate)				
D.	Show Firm's Evidence of firestopping in	dustry participation	on, contracting, fo	or one year. (Attach rece	ord of evidence)

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How did you hear about FCIA? (Check all that apply)							
☐ FCIA Member	☐ Internet Search						
Please Name Company/Contact	☐ Life Safety Digest						
☐ FCIA Office (Phone call/email/postcard/fax)	☐ Manufacturer						
☐ FCIA Website	□ UL						
□ Distributor	☐ Other: Please name						
□ FM							
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: \$1375 \$725 USD 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:	CVV #						
E-Mail							

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

- FCIA 4415 W. Harrison St., Suite 540 Hillside, IL 60162
- Or fax all sides of application with credit card payment to +1 (708) 449-0837
- 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.

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, FM and UL DRI Testing, FCIA Firestopping & Compartmentation Code and Specification Promotion, Committee Membership, use of FCIA's Trade Show Booth, FCIA office resources, and promotion of the Specialty Firestop Contractor Concept throughout the world. In the event this application is accepted, as partial consideration for my membership, I give Firestop Contractors International Association, its assigns, licensees, successors in interest, and legal representatives, the irrevocable right to use any photographs and/or video of me taken at any FCIA events in all forms and in all media and in any manner for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the materials incorporating my likeness, including written copy that may be created and appear in connection with such photos and/or video.