

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:						
	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):						
Subaidiany or Division of (if applicable);						
Additional Business Entities						
Form of business organization (check one)						
□ Sole Proprietorship □ Partnership □ Corporation □ C	ther:					
Types of work for which you contract (check all that apply)						
Penetration Firestopping						
Electrical Circuit Protection						
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 D Other						
Primary representative (only the name & Email is listed in the Member List)						
Name: Tit	e:					
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 name	es are listed in the Member	List)		
1	Name:	Title	9:		
1	Name:	Title	9:		
E	E-mail:	Fax	(if different):		
(Other Industry Memberships:	A 🗆 NIA 🗆 SWR	I 🛛 Other:		
F	Recommending Member (FCIA member who told you about us, if any)				
	Company:				
	ereby agree in entirety and without res information in this Application is true, c			Further, I hereby certify that	
Si	gnature of Officer, Partner or Owner:				
Pri	int Name:	Title:	Date:		
1					
	Provide a brief paragraph, desci	ribing your firm's business	. Will be used on the FCIA webs	ite (<u>www.FCIA.org</u>)	
I					
	eneral Market Area servedlimit 5 st				
	States / Provinces				
	National – In Native Country		International – Regions		
Ap	pplication Requirements for Members	ship Approval			
Ap	plicants must submit ONE of the foll	lowing for review and appr	oval:		
A.	A minimum of two professional reference Marshals, Building Officials, other Fire		oping Industry i.e.: General Contrac	tors, Building Owners, Fire	
				For office use only	
1.	Company:	Contact:	Phone:	·	
2. 3.	Company: Company:	Contact: Contact:	Phone: Phone:		
B.					
υ.	 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) 				
	Employee Name:	(Attach copy of	ieller from UL/FIVI)		
C.	C. Firm is FM 4991 Approved or UL/ULC Qualified Contractor.				
	Yes (Attach copy of certificat				
			acting, for one year. (Attach record	· · · ·	

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How did you hear about FCIA? (Check all that apply)					
G FCIA Member	Internet Search				
Please Name Company/Contact	Life Safety Digest				
□ FCIA Office (Phone call/email/postcard/fax)	Manufacturer				
General FCIA Website					
Distributor	Other: Please name				
D FM					
FCIA Committee Interest: (Check all that apply)					
Accreditation Codes Standards Technical Marketing Education Membership Program					
**Please fill out an application at: <u>WWW.FCIA.ORG</u> , click on committees, application.					
Payment of Dues – New Member Dues: \$1375 \$1500 USD Renewals due January, 2024					
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: <u>cathy@fcia.org</u>

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.