

## 2023 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 Memb	pership 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):					
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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) Addition	nal \$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:				
Address (if different than company):					
City:	State: Zip:				
Phone (if different):	Fax (if different):				

## FCIA MEMBERSHIP APPLICATION - VOTING CONTRACTOR MEMBERSHIP

Ot	ther representatives (only the	e names are listed in the	ne Member List)		
Na	ame:		Title:		_
Na					
E-	mail:				
Ot	ther Industry Memberships:	□ ICAA □ NIA	□ SWRI □ Ot	ther:	
Re	ecommending Member (FCIA	member who told you	about us, if any		
Co	ompany:		Name:		
	reby agree in entirety and with formation in this Application is				on. Further, I hereby certify that
Sig	nature of Officer, Partner or 0	Owner:			
Prin	t Name:		Title:	Da	te:
					1 1/4 / FOIA
	Provide a brief paragraph	, describing your firm's	s business. will	be used on the FCIA w	/ebsite (www.FCIA.org)
Gan	eral Market Area servedlin	nit 5 states/provinces	National or Interi	national	
	tates / Provinces -				
□ N	ational – In Native Country			_ □ International – Regio	ons
App	lication Requirements for Mo	embership Approval			
	licants must submit ONE of		w and annroval:		
		•	• •		
	A <b>minimum</b> of two professional Marshals, Building Officials, ot			ndustry i.e.: General Cor	ntractors, Building Owners, Fire
1	Company:	Contact:		Phone:	For office use only
2.	Company:	Contact: _			
3.	Company:	Contact: _		Phone:	
B.				Phone:	
	Employ personnel who have p	assed the FM 4991 or U		Phone: Phone:	
	Employ personnel who have p Employee Name:		JL DRI Exam with	Phone: Phone: Phone: An 80% or better.	
		(Atta	JL DRI Exam with a	Phone: Phone: Phone: An 80% or better.	
	Employee Name:	(Atta	JL DRI Exam with a	Phone: Phone: Phone: An 80% or better.	

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How did you hear about FCIA? (Check all that apply)						
□ FCIA Member  Please Name Company/Contact	☐ Internet Search ☐ 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: <u>WWW.FCIA.ORG</u> , click on committees, application.						
Payment of Dues - New Member Dues: \$1395 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:						
E-Mail	CVV#					

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.