

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) 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:				
Address (if different than company):					
City:	State: Zip:				
Phone (if different):	Fax (if different):				

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Otl	her representatives (only the n	ames are listed in the M	ember List)		
Na	me:		Title:		
	nail:				
Na	me:		Title:		
E-r	mail:				
Oth	ner Industry Memberships:	ICAA 🗆 NIA 🗆	SWRI Other:		
Re	commending Member (FCIA m	ember who told you abo	out us, if any)		
Со	mpany:		Name:		
	eby agree in entirety and without formation in this Application is tru			Application. Further, I hereby certify that	
Sign	ature of Officer, Partner or Ow	ner:			
Print	Name:	Title	:	Date:	
	Dravida a brief navagraph d	aceribing your firm's bu	singe Will be used on th	a ECIA wahaita (www. ECIA arg)	
	Provide a brief paragraph, d	escribing your initias bu	siness. Will be used on th	e FCIA website (www.FCIA.org)	
	eral Market Area servedlimit ates / Provinces		onal or International.		
			□ Internations	al – Regions	
	•			a – Regions	
Appl	lication Requirements for Mem	bership Approval			
Appl	icants must submit ONE of the	following for review an	d approval:		
	A minimum of two professional r Marshals, Building Officials, other		Firestopping Industry i.e.: Ge	neral Contractors, Building Owners, Fire	
1. (Company:	Contact:	Phone	For office use only e:	
2. (Company:	Contact:	Phone	e:	
3. (Company:	Contact:	Phon	e:	
B. E	Employ personnel who have pass	onnel 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. F	Firm is FM 4991 Approved or UL	ULC Qualified Contractor			
	☐ Yes (Attach copy of certi				
D. 8	Show Firm's Evidence of firestop	oing industry participation	, contracting, for one year. (Attach record 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: <u>WWW.FCIA.ORG</u> , click on committees, application.					
Payment of Dues – New Member Dues: \$\frac{\$1395}{1395}\$735 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 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.

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.