

2023 APPLICATION

CONTRACTOR/INT'L BRANCH MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Contractor Branch/International Contractor Branch 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	n the Membership List at www.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):		
BRANCH or DIVISION of (FCIA Member):		
Additional Business Entities		
Form of business organization (check one)		
☐ Sole Proprietorship ☐ Partnership ☐ Corpora	ation	
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		
Parrior Management Services (check all that app	ly) Additional \$105 USD to Annoar In Specialized RMS Member Liets	
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		
a barrier management Software a Other		
Primary representative (only the name & Email is listed in the Member List)		
	Title:	
Address (if different than company):		
	State: Zip:	
Phone (if different)	Fax (if different):	

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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:			
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)			
Provide a brief paragraph, describing your firm's business. Will be used on the PCIA website (www.PCIA.org)			
General Market Area servedlimit 5 states/provinces. National or International.			
□ States / Provinces			
□ National – In Native Country □ International – Regions			
Application Requirements for Membership Approval			
Membership Type: ☐ Contractor Branch - \$395USD ☐ International Contractor Branch - \$395USD			
Branch: Is FM 4991 Approved or UL/ULC Qualified Contractor			
☐ Yes (Attach copy of certificate)			
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)			

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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: \$395 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:		
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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, 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.