

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	b List at www.FCIA.org)

Name of Company:					
Address:					
City:	State: Zip:				
Phone Number:	Fax Number:				
Company E-mail:					
Personal E-mail:	Cell:				
Complete this section only if applicable					
Legal Name of Company (if different):					
Subsidiary or Division of (if applicable):					
Additional Business Entities					
Form of business organization (check one)					
□ Sole Proprietorship □ Partnership □	corporation D Other:				
Types of work for which you contract (che					
Penetration Firestopping					
Electrical Circuit Protection Pipe Covering Insulation Curtain Wall Insulation Waterproofing					
□ Caulking and Masonry Restoration □ Dr	wall D Masonry D Other				
Barrier Management Services (check all t	at apply) Additional \$195 USD to Appear In Specialized BMS Member Lists				
□ All Barrier Management Services □ Fire	topping D Fire Dampers D 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 & E	nail is listed in the Member List)				
Name:	Title:				
Individual's E-mail:					
Address (if different than company):					
City:	State: Zip:				
Phone (if different) : Fax (if different):					

# FCIA MEMBERSHIP APPLICATION - VOTING CONTRACTOR MEMBERSHIP

N	ther representatives (only the nar	mes are listed in the Member List			
	Name:	Title:			
E			different):		
Name:					
			Fax (if different):		
Ot			Other:		
Re	ecommending Member (FCIA mer	mber who told you about us, if an	y)		
Company: Name:					
	ereby agree in entirety and without information in this Application is true		f this membership Application. Further, I hereby certi of my knowledge.	ify that	
Sig	gnature of Officer, Partner or Owr	ner:			
Pri	nt Name:	Title:	Date:		
	Provide a brief paragraph, de	escribing your firm's business. V	Vill be used on the FCIA website (www.FCIA.org)		
	eneral Market Area servedlimit { States / Provinces -				
	States / Provinces	·			
	States / Provinces National – In Native Country	·			
	States / Provinces	·			
	States / Provinces National – In Native Country	bership Approval	□ International – Regions		
Ap	States / Provinces National – In Native Country pplication Requirements for Memb oplicants must submit ONE of the A minimum of two professional re	bership Approval following for review and approva	□ International – Regions	s, Fire	
<b>Ap</b>	States / Provinces National – In Native Country plication Requirements for Memb oplicants must submit ONE of the A minimum of two professional re Marshals, Building Officials, other	bership Approval following for review and approva eferences relating to the Firestoppin Firestop Contractors	□ International – Regions al: g Industry i.e.: General Contractors, Building Owners <u>For office use</u>	e only	
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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					
Given FCIA Website						
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> , cli	ck on committees, application.					
Payment of Dues – New Member Dues: <b>\$1465_USD \$1,115 USD</b> 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						

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: <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.