

2025 APPLICATION

VOTING 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 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):						
Subsidiary or Division of (if applicable):						
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						
Passive Fire Protection Barrier Management (check all that apply) Additional \$195 USD to Appear In Specialized PFP 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:					
Individual's E-mail:						
Address (if different than company):						
City:	State: Zip:					
Phone (if different):	Fax (if different):					

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Ot	her representatives (only the names ar	e listed in th	e Memb	er List)		
Ν	lame:			Title:		
Е	E-mail:			Fax (if different):		
Ν	lame:			Title:		
E	-mail:			Fax (if different):		
Ot	her Industry Memberships: ICAA	□ NIA	□ SW	/RI 🛘 Other:		
Re	ecommending Member (FCIA member w	vho told you	about u	s, if any)		
C	Company:		N	ame:		
						_
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.						
Siç	gnature of Officer, Partner or Owner:					
Pri	nt Name:		Title: _		Date:	
	Provide a brief paragraph, describi	ng your firm	's busin	ess. Will be used	on the FCIA website	(www.FCIA.org)
	neral Market Area servedlimit 5 state States / Provinces -	-				
					- Historia Deniena	
ш.	National – In Native Country			u intern	iational – Regions	
Ap	plication Requirements for Membershi	p Approval				
Ар	plicants must submit ONE of the follow	ving for revie	w and a	pproval:		
A.	A minimum of two professional reference Marshals, Building Officials, other Firesto			stopping Industry i.e	e.: General Contractor	s, Building Owners, Fire
		•			DI	For office use only
1. 2.	Company:Company:	Contact: Contact:			Phone:	
3.	Company:	Contact:			Phone:	
В.	Employ personnel who have passed the	FM 4991 or l	JL DRI E	Exam with an 80% c	or better.	
	Employee Name:	(At	tach cop	y of letter from UL/F	=M)	
C.	Firm is FM 4991 Approved or UL/ULC Q	ualified Contr	actor.			
٠.	☐ Yes (Attach copy of certificate)					
D.	Show Firm's Evidence of firestopping inc	dustry particip	ation, co	ontracting, for one ye	ear. (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: \$1510 \$800 USD Renewals due annually in January							
Passive Fire Protection Barrier Management Listing: add \$195 USD Renewals							
due annually in January							
Card Number:	Expiration Date:/						
Cardholder's Name:	Phone: ()						
Cardholder's Mailing Address:							
Cardholder's Signature:							
F-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: lissettek@cmservices.com

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 Contractor 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.