

## 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:					
	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):				

## FCIA MEMBERSHIP APPLICATION - VOTING CONTRACTOR MEMBERSHIP

Ot	ther representatives (only the names a	are listed in the Mem	ber List)			
N	Name:		Title:			
Е	E-mail:					
Ν	Name:					
Е	E-mail:		Fax (if different):			
Ot	ther Industry Memberships:   ICAA		WRI 🗖 Other:			
Re	Recommending Member (FCIA member who told you about us, if any)					
	Company:	· ·				
	. ,					
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	int Name:	Title:		Date: _		
	Provide a brief paragraph, descri	bing your firm's busi	ness. Will be used on the FO	CIA website (www.FCIA.org)		
	eneral Market Area servedlimit 5 sta States / Provinces	tes/provinces. Natior	nal or International.			
	National – In Native Country			Regions		
Ap	oplication Requirements for Membersl	hip Approval				
Αp	oplicants must submit ONE of the follo	owing for review and	approval:			
·	A <b>minimum</b> of two professional references relating to the Firestopping Industry i.e.: General Contractors, Building Owners, Fire Marshals, Building Officials, other Firestop Contractors					
1.	Company:	Contact:	Phone:	For office use only		
	Company:	Contact:	Phone:			
3.	Company:	Contact:	Phone:			
В.	Employ personnel who have passed the	ne FM 4991 or UL DRI	Exam with an 80% or better.			
	Employee Name:	(Attach co	py of letter from UL/FM)			
C.	Firm is FM 4991 Approved or UL/ULC	Qualified Contractor				
٥.	☐ Yes (Attach copy of certificate					
D.	Show Firm's Evidence of firestopping i	•	contracting, for one year. (Atta	ch 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: \$1,510 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	C\/\/#				

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.