

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 in	nformation	(exactly a	s it is to appear in	the Membership	List at www.FCIA.org)
••••••••••••••••••••••••••••••••••••••		(onaoily a	o it io to appoar in		

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):					
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 (che	k all that apply)				
Penetration Firestopping Derimeter Fi	estopping 🛛 Joint Firestopping 🗳 Grease Duct Fire Protection				
Electrical Circuit Protection Pipe Covering Insulation Curtain Wall Insulation Waterproofing					
□ Caulking and Masonry Restoration □ Dr	wall 🗖 Masonry 🗖 Other				
Passive Fire Protection Barrier Managem Member Lists	nt (check all that apply) Additional \$195 USD to Appear In Specialized PFP				
□ All Barrier Management Services □ Fire	topping 🛯 Fire Dampers 🗳 Fire Doors (Rolling and Swinging)				
□ Fire-rated Glazing □ SFRM and IFRM F	eproofing 🛛 Barrier Repairs 🗳 Barrier Surveys				
Barrier Management Software D 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

	Member List)
Name:	Title:
	Fax (if different):
	Title:
	Fax (if different):
Other Industry Memberships:	SWRI Other:
Recommending Member (FCIA member who told you a	
Company:	Name:
I hereby agree in entirety and without reservation to the first all information in this Application is true, complete and corre	st paragraph of this membership Application. Further, I hereby certify that ect to the best of my knowledge.
Signature of Officer, Partner or Owner:	
	Title: Date:
Provide a brief paragraph, describing your firm's	s business. Will be used on the FCIA website (<u>www.FCIA.org</u>)
General Market Area servedlimit 5 states/provinces.	
General States / Provinces	
General States / Provinces	
General States / Provinces	
 States / Provinces National – In Native Country 	International – Regions
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t 	□ International – Regions w and approval: the Firestopping Industry i.e.: General Contractors, Building Owners, Fire
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors 	u International – Regions
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors Company: Contact: 	u International – Regions w and approval: the Firestopping Industry i.e.: General Contractors, Building Owners, Fire <u>For office use only</u> Phone:
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors Company: Contact: 	u International – Regions
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors Company: Contact: 	□ International – Regions
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors Company: Contact: Company: Contact: Company: Contact: 	International – Regions w and approval: the Firestopping Industry i.e.: General Contractors, Building Owners, Fire
 States / Provinces	International – Regions Inter
 States / Provinces National – In Native Country Application Requirements for Membership Approval Applicants must submit ONE of the following for review A. A minimum of two professional references relating to t Marshals, Building Officials, other Firestop Contractors Company: Contact: Company: Contact: B. Employ personnel who have passed the FM 4991 or UI 	International – Regions Inter

FCIA MEMBERSHIP APPLICATION - VOTING CONTRACTOR MEMBERSHIP

How did you hear about FCIA? (Check all that apply)						
Generation FCIA Member	□ Internet Search					
Please Name Company/Contact	Life Safety Digest					
□ FCIA Office (Phone call/email/postcard/fax)	□ Manufacturer					
General FCIA Website						
Distributor	□ Other: Please name					
D 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 \$1,150 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:						
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: 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 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.