

2025 Application **VOTING INTERNATIONAL 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.

Compan	v information	(exactly as	s it is to appear ir	n the Membershi	p 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 □ Other:					
Types of work for which you contract (che	ck all that apply)				
Penetration Firestopping					
Electrical Circuit Protection Pipe Covering Insulation Curtain Wall Insulation Waterproofing					
Caulking and Masonry Restoration D	ywall 🗖 Masonry 🗖 Other				
Barrier Management Services (check all	nat apply) Additional \$195 USD to Appear In Specialized BMS Member Lists				
□ All Barrier Management Services □ Fire	stopping 🛛 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 & 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):				

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Other represen	tatives (only the names are lis	ted in the Member List)			
Name:		Title:			
			nt):		
			nt):		
Other Industry	/lemberships: 🛛 ICAA 🛛	NIA SWRI Other:			
	<mark>g Member (FCIA member who</mark> t				
Company:		Name:			
	n entirety and without reservation this Application is true, complete		nembership Application. Further, I hereby certify that		
-	ficer, Partner or Owner:				
Print Name:		Title:	Date:		
Provide	a brief paragraph, describing y	our firm's business. Will be	used on the FCIA website (<u>www.FCIA.org</u>)		
Conoral Morikot	Anna cominal limite F states (or	avinana National an Interneti	enel		
	Area servedlimit 5 states/pr				
			International – Regions		
Application Re	quirements for Membership Ap	proval			
Applicants mus	st submit ONE of the following	for review and approval:			
	of two professional references ruuilding Officials, other Firestop C		stry i.e.: General Contractors, Building Owners, Fire		
	C		For office use only		
 Company: _ Company: _ 		Contact:	Phone:		
3. Company: _		Contact:	Phone: Phone:		
B. Employ personnel who have passed the FM 4991 or UL DRI Exam with an 80% or better.					
Employee N	ame:	(Attach copy of letter from	n UL/FM)		
 C. Firm is FM 4991 Approved or UL/ULC Qualified Contractor. ❑ Yes (Attach copy of certificate) 					
 D. Show Firm's Evidence of firestopping industry participation, contracting, for one year. (Attach record of evidence) 					
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How did you hear about FCIA? (Check all that apply)					
FCIA Member Please Name Company/Contact	 Internet Search Life Safety Digest 				
□ FCIA Office (Phone call/email/postcard/fax)	□ Manufacturer				
□ 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> , clie	ck on committees, application.				
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Payment of Dues – New Member Dues: \$1510 USD \$1,150 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:					
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.