

## 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.

Company information (exactly as it is to appear in the Me	mbership List at www.FCIA.org)
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 (check all that apply	y)
☐ Penetration Firestopping ☐ Perimeter Firestopping ☐ J	oint Firestopping 🚨 Grease Duct Fire Protection
☐ Electrical Circuit Protection ☐ Pipe Covering Insulation	□ Curtain Wall Insulation □ Waterproofing
☐ Caulking and Masonry Restoration ☐ Drywall ☐ Masor	nry 🗖 Other
Barrier Management Services (check all that apply) Add	litional \$195 USD to Appear In Specialized BMS Member Lists
☐ All Barrier Management Services ☐ Firestopping ☐ Fire	
☐ 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

Other representatives (only the names are listed in the Member List)		
Name:	Title:	
E-mail:	Fax (if different):	
Name:	Title:	
E-mail:		
Other Industry Memberships: ☐ ICAA ☐ NIA ☐ S	WRI 🗖 Other:	
Recommending Member (FCIA member who told you about us, if any)		
Company:	Name:	
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.		
Signature of Officer, Partner or Owner:		
Print Name: Title:	Date:	
Provide a brief paragraph, describing your firm's business. Will be used on the FCIA website (www.FCIA.org)		
General Market Area servedlimit 5 states/provinces. Nation  ☐ States / Provinces		
□ National – In Native Country		
Application Requirements for Membership Approval		
Applicants must submit ONE of the following for review and	approval:	
A. 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:	For office use only	
1. Company:     Contact:       2. Company:     Contact:       3. Company:     Contact:	Phone:	
3. Company: Contact:	Phone:	
B. Employ personnel who have passed the FM 4991 or UL DRI Exam with an 80% or better.		
Employee Name: (Attach co	ppy of letter from 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	□ 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 USD   \$800 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.