

I

I hereby make application for membership in the Firestop Contractors International Association, Inc., as an Friends of FCIA 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.

Company information (exactly as it is to appear in the Membership List at FCIA.org)

Name of Company:			
Address:			
	State: Zip:		
Phone Number:	Fax Number:		
Company E-mail:	www:		
Personal E-mail:	Cell:		
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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:		
Primary representative (only the name & Email is listed in the Member List)			
Name:	_ Title:		
Individual's E-mail:			
Address (if different than company):			
	State: Zip:		
Phone (if different) :	Fax (if different):		
Other representatives (only the names are listed in the Member List)			
Name:			
E-mail:			
Name:			
E-mail:			
E-mail: Other Industry Memberships:	Title:		
	_ Title: Fax (if different):		

FCIA MEMBERSHIP APPLICATION – FRIENDS OF FCIA MEMBERSHIP

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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: 1	Fitle:	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 States / Provinces - National – In Native Country			
Membership Type: Friend of FCIA - \$90 USD			
How did you hear about FCIA? (Check all the	at apply)		
FCIA Member Please Name Company/Contact	 Internet Search Life Safety Digest 	Other: Please name	
□ FCIA Office (Phone call/email/postcard/fax)	Manufacturer		
G FCIA Website			
	G FM		

FCIA FRIENDS OF FCIA MEMBERSHIP APPLICATION

CREDIT CARD FORM

Payment of Dues – New Member Dues: \$90 USD Renewals due annually in January

Card Number:	Expirations Date:/
Cardholders Name:	Phone: ()
Cardholder's Mailing Address:	
Carholder's Signature:	CVV
E-Mail	

Mail completed and signed Application with check or credit card info to:

- FCIA 800 Roosevelt Rd, C-312 Glen Ellyn, IL 60137
- Or Email 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, 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 E-newsletter Subscription, FCIA Firestopping & Compartmentation Code and Specification Promotion, 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.