



2015 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: _____

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)

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

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): _____

Other representatives (only the names are listed in the Member List)

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Name: _____ Title: _____

E-mail: _____ Fax (if different): _____

Other Industry Memberships: ICAA NIA SWRI Other: _____

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Sponsoring Member (FCIA member sponsoring your membership, 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 served...limit 5 states/provinces. National, or International

- States / Provinces - _____
- National – In Native Country _____ International – Regions _____

Application Requirements for Membership Approval

Applicants must submit ONE of the following for review and approval:

A. A **minimum** 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
2. 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 copy 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)

How did you hear about FCIA? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> FCIA Member
Please Name Company/Contact _____ | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> FCIA Office (Phone call/email/postcard/fax) | <input type="checkbox"/> Life Safety Digest |
| <input type="checkbox"/> FCIA Website | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> UL |
| <input type="checkbox"/> FM | <input type="checkbox"/> Other: Please name _____ |

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FCIA Committee Interest: Accreditation Codes Standards Technical Marketing
 Education Membership Program

**Please fill out an application at: WWW.FCIA.ORG, click on committees, application.

Mail completed and signed Application with check or credit card form (page 4) to:

- **FCIA - 4415 W. Harrison St., Suite 436 - Hillside, IL 60162**
- **Or fax all sides of application with credit card payment to (708) 449-0837**
- **Or scan/email all sides of application to: cathy@fcia.org**

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.



FCIA MEMBERSHIP APPLICATION – CREDIT CARD FORM

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Payment of Dues – New Member Dues: \$1265US \$965US Renewals due Jan., each year.

Card Number: _____ Expiration Date: ____/____

Cardholder's Name : _____ Phone: (____) ____-_____

Cardholder's Mailing Address: _____

Cardholder's Signature: _____

E-Mail _____

Simply mail, fax or scan your application and we'll start processing it right away!

MAIL entire 4 page member application with check to FCIA, 4415 W. Harrison Street,
Ste 436, Hillside, IL 60162

OR

FAX entire 4 page member application with credit card payment to (708) 449-0837

OR

SCAN entire 4 page member application with payment information and email
cathy@FCIA.org

QUESTIONS? Call (708) 202-1108

We care about your privacy!

Upon complete processing of your credit card, this sheet will be shredded.