



2019 APPLICATION CONTRACTOR/INT'L BRANCH MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Contractor Branch/International Contractor Branch 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): _____
BRANCH or DIVISION of (FCIA Member): _____
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

Barrier Management Services (check all that apply) Additional \$195 USD to Appear In Specialized BMS Member Lists

- All Barrier Management Services Firestopping 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 & 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 – CONTRACTOR/INTL. CONTRACTOR MEMBERSHIP

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: _____

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

Membership Type: Contractor Branch - \$340USD International Contractor Branch - \$340USD

Branch: Is FM 4991 Approved or UL/ULC Qualified Contractor

Yes (Attach copy of certificate)

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)

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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_____ |

FCIA Committee Interest: (Check all that apply)

- Accreditation Codes Standards Technical Marketing Education Membership Program

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

Payment of Dues – New Member Dues: \$340 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 _____

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

- FCIA - 4415 W. Harrison St., Suite 540 - Hillside, IL 60162
- Or fax all sides of application with credit card payment to +1 (708) 449-0837
- Or scan/email all sides of application to: cathy@fcia.org

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, 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.