



**2018 APPLICATION
ASSOCIATE BRANCH MEMBERSHIP &
INTERNATIONAL ASSOCIATE BRANCH MEMBERSHIP**

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

Company information (exactly as it is to appear in the Membership List at 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 of (FCIA Member): _____

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): _____

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: _____

Sponsoring Member (FCIA member sponsoring your membership, if any)

Company: _____ Name: _____

FCIA MEMBERSHIP APPLICATION – ASSOCIATE /INTL. ASSOCIATE BRANCH 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: _____ 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 _____

Membership Type: Associate Branch - \$210 USD International Associate Branch - \$210 USD

FCIA Committee Interest: Accreditation Codes Standards Technical Marketing

Education Membership Program

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

FCIA Member

Please Name Company/Contact _____

Internet Search

Life Safety Digest

Other:

Please name _____

FCIA Office (Phone call/email/postcard/fax)

Manufacturer

FCIA Website

UL

Distributor

FM

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

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

Membership Includes: FCIA Website Membership Listing, FCIA Members Only Access on Website, Discounts on 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 involvement 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

Payment of Dues – New Member Dues: \$210US...renewals due annually each January

Card Number: _____ Expirations Date: ____/____/____

Cardholders Name : _____ Phone: (____) _____ - _____

Cardholder's Mailing Address: _____

Cardholder's Signature: _____

E-Mail _____

MAIL entire 3 page member application with check to:

FCIA, 4415 W. Harrison Street, Ste 540, Hillside, IL 60162

OR

FAX entire 3 page member application with credit card payment to +1 (708) 449-0837

OR

SCAN entire 3 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.