



**2018 APPLICATION  
CONTRACTOR & INTERNATIONAL  
CONTRACTOR BRANCH MEMBERSHIP**

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Contractor Branch Member/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 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 Mbr.)** \_\_\_\_\_  
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 – CONTRACTOR/INTL. CONT. 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](http://www.fcia.org))**

**General Market Area served...limit 5 states/provinces. National, or International**

States / Provinces - \_\_\_\_\_

National – In Native Country \_\_\_\_\_  International – Regions \_\_\_\_\_

**Membership Type:**  Contractor Branch - \$330USD  International Contractor Branch - \$330USD

**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)

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> FCIA Member<br>Please Name Company/Contact _____ | <input type="checkbox"/> Internet Search    | <input type="checkbox"/> Other:<br>Please Name _____ |
| <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                 |  |



# FCIA MEMBERSHIP APPLICATION – CREDIT CARD FORM

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**Payment of Dues – New Member Dues: \$330 USD...renewals due annually in January**

Card Number: \_\_\_\_\_ Expirations Date: \_\_\_\_/\_\_\_\_

Cardholders 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](mailto: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 E-newsletter Subscription, FCIA Firestopping & Compartmentation Code and Specification Promotion, Committee Membership, use of FCIA's Trade Show Booth, 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.