



2018 APPLICATION
VOTING CONSULTANT, SPECIAL
INSPECTION AGENCY ASSOCIATE
MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Voting Consultant/Special Inspection Agency Associate 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):
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):
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 –VOTING CONSULTANT,
SPECIAL INSPECTION AGENCY ASSOCIATE MEMBERSHIP**

(Page 2)

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 / Emirates _____

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, Firestop Contractors, Consultants

			<u>For office use only</u>
1. Company: _____	Contact: _____	Phone: _____	_____
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 IAS AC 291 Accredited Special Inspection Agency.

Yes (Attach copy of certificate)

D. Show Firm's Evidence of firestopping industry participation, 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 _____ |

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.



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CREDIT CARD FORM

Payment of Dues – New Member Dues: \$1265 USD Renewals due annually in January

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

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

Cardholder's Mailing Address: _____

Cardholder's Signature: _____

E-Mail _____

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

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