



## APPLICATION – ASSOCIATE MEMBERSHIP

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

### 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 – ASSOCIATE MEMBERSHIP

(Page 2)

**Payment of Dues – New Associate Member Dues: \$310US...renewals due January, each year.**

Check made payable to Firestop Contractors International Association attached.

Charge my  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Invoice my company (processing of Application subject to receipt of payment in full)

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 - \$310US  International Associate - \$310US

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

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

- **FCIA - 4415 W. Harrison St., Suite 436 - Hillside, IL 60162**
- **Or fax both sides of application with credit card payment to (708) 449-0837**

**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, and promotion of the Specialty Firestop Contractor Concept throughout the world.