



APPLICATION – MANUFACTURER MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Manufacturer 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: _____

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**Payment of Dues – Manufacturer Member Dues: \$3100US...renewals due January, each year.
See special FCIA Manufacturer Sponsorship Program packaging FCIA Programs for savings.

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: Manufacturer - \$3,100US.

FCIA Sponsor Member Levels: Platinum (\$10,000US) Gold (\$7,700US) Silver (\$5,700US) Bronze (\$3,100US)

(Sponsor Member includes Membership)

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.