



## APPLICATION – VOTING CONTRACTOR MEMBERSHIP

I hereby make application for membership in the Firestop Contractors International Association, Inc., as a Voting Contractor 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: \_\_\_\_\_

### Types of work for which you contract (check all that apply)

Penetration Firestopping  Perimeter Firestopping  Joint Firestopping  Grease Duct Fire Protection  
 Electrical Circuit Protection  Pipe Covering Insulation  Curtain Wall Insulation  Waterproofing  
 Caulking and Masonry Restoration  Drywall  Masonry  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: \_\_\_\_\_

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

Company: \_\_\_\_\_ Name: \_\_\_\_\_

**Payment of Dues – New Member Dues: \$1185 US...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](http://www.fcia.org))**

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

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

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, other Firestop Contractors

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 FM 4991 Approved or UL Qualified Contractor.

Yes (Attach copy of certificate)

D. Show Firm's Evidence of firestopping industry participation, contracting, for one year. (Attach record of evidence)

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

\*\*Please fill out an application at: [WWW.FCIA.ORG](http://WWW.FCIA.ORG), click on committees, application.

**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, FM and UL DRI Testing, FCIA Firestopping & Compartmentation Code and Specification Promotion, Committee Membership, use of FCIA's Trade Show Booth, FCIA office resources, and promotion of the Specialty Firestop Contractor Concept throughout the world.

FCIA Contractor Membership Application  
Effective 01/10