

2024 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 www.FCIA.org)	
Name of Company:		
	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 or	ne)	
☐ Sole Proprietorship ☐ Partnership ☐	☐ Corporation ☐ Other:	
Types of work for which you contract (cl	heck 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	
Passivo Fire Protection Barrier Manage	ement (check all that apply) Additional \$195 USD to Appear In Specialized PFP	
Member Lists	illent (check all that apply) Additional \$155 050 to Appeal in Specialized F1 F	
☐ All Barrier Management Services ☐ Firestopping ☐ Fire Dampers ☐ Fire Doors (Rolling and Swinging)		
☐ Fire-rated Glazing ☐ SFRM and IFRM Fireproofing ☐ Barrier Repairs ☐ Barrier Surveys		
☐ Barrier Management Software ☐ Othe	∋r	
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):	

FCIA MEMBERSHIP APPLICATION - VOTING CONTRACTOR MEMBERSHIP

Other representatives (only the names are listed in the Member List)			
Name:	Title:		
E-mail:	Fax (if different):		
	Title:		
E-mail:	Fax (if different):		
Other Industry Memberships: ICAA NIA S\	WRI □ Other:		
Recommending Member (FCIA member who told you about us, if any)			
Company:	Name:		
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 servedlimit 5 states/provinces. Nation ☐ States / Provinces -	al or International.		
□ 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:	For office use only Phone:		
1. Company:Contact:2. Company:Contact:3. Company:Contact:	Phone:		
B. Employ personnel who have passed the FM 4991 or UL DRI			
Employee Name: (Attach co	py of letter from UL/FM)		
C. Firm is FM 4991 Approved or UL/ULC 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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How did you hear about FCIA? (Check all that apply)			
7.500 M			
☐ FCIA Member	☐ Internet Search		
Please Name Company/Contact	☐ Life Safety Digest		
☐ FCIA Office (Phone call/email/postcard/fax)	☐ Manufacturer		
☐ FCIA Website	□ UL		
☐ Distributor	☐ Other: Please name		
□ FM			
FCIA Committee Interest: (Check all that apply)			
□ Accreditation □ Codes □ Standards □ Technical □	I Marketing ☐ Education ☐ Membership ☐ Program		
**Please fill out an application at: <u>WWW.FCIA.ORG</u> , click on committees, application.			
Payment of Dues – New Member Dues: \$1465 \$775 USD Renewals due annually in January			
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Passive Fire Protection Barrier Management Listing: add \$195 USD Renewals			
due annually in January			
Card Number:	Expiration Date:		
Card Number.	Expiration Date:/		
Cardholder's Name:	Phone: ()		
Cardholder's Mailing Address:			
Cardholder's Signature:			
F-Mail	CVV#		

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

- FCIA 800 Roosevelt Rd, C-312, Glen Ellyn, IL 60137
- Or scan/email all sides of application to: lissettek@cmservices.com

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 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. In the event this application is accepted, as partial consideration for my membership, I give Firestop Contractor 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.