

2024 APPLICATION

VOTING INTERNATIONAL 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 Members	ship List at www.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 ☐ C	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				
Passive Fire Protection Barrier Services (check all that apply) Additional \$195 USD to Appear In Specialized Lists				
☐ 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 □ Other				
2 Barrier Management Contware 2 Care				
Primary representative (only the name & Email is listed in the Member List)				
Name: Tit	ile:			
Individual's E-mails				
Address (if different than company):				
City:	State: Zip:			
Phone (if different):	Fax (if different):			

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Ot	ther representatives (only the names a	re listed in the Me	ember List)		
N	Name:		Title:		
Е	E-mail:				
Ν	Name:				
Е	•				
Ot	Other Industry Memberships: ICAA NIA SWRI 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.					
Siç	gnature of Officer, Partner or Owner:				
Pri	int Name:	Title	e:	Date:	
	Provide a brief paragraph, describ	oing your firm's bu	usiness. Will be used or	the FCIA website (www.FCIA.org)	
General Market Area served…limit 5 states/provinces. National or International. □ States / Provinces -					
	National – In Native Country		🗖 Internat	ional – Regions	
Ap	pplication Requirements for Membersh	ip Approval			
Аp	oplicants must submit ONE of the follo	wing for review ar	nd 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:	Pł	For office use only none:	
2.	Company:	Contact:	Pł	none:	
3.	Company:	Contact:	P	none:	
B. Employ personnel who have passed the FM 4991 or UL DRI Exam with an 80% or better.				petter.	
	Employee Name:	(Attach	copy of letter from UL/FM	1)	
C.	Firm is FM 4991 Approved or UL/ULC	Qualified Contracto	r.		
	Yes (Attach copy of certificate)				
D.	Show Firm's Evidence of firestopping in	ndustry participation	n, contracting, for one yea	r. (Attach record of evidence)	

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How did you hear about FCIA? (Check all that apply)				
□ FCIA Member Please Name Company/Contact	☐ Internet Search ☐ 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 □ 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 USD \$775 USD Renewals due annually in January				
Passive Fire Protection Services Listing: add \$195 USD Renewals due annually in January				
Card Number:	Expiration Date:/			
Cardholder's Name:	Phone: ()			
Cardholder's Mailing Address:				
Cardholder's Signature:				
E-Mail				

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.