



National Fireproofing Contractors Association

NFCA CONTRACTOR MEMBERSHIP APPLICATION

To qualify for NFCA Contractor Membership companies must have completed 2 years and 20 jobs in the passive fireproofing business. Contractors who do not meet these requirements may apply for Interim Contractor Membership until the requirements are met.

We are applying for: _____ Contractor Membership _____ Interim Contractor Membership

Company—Please print exactly as it is to appear on the Membership List at www.NFCA-online.org

Name of Company: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____
Company E-mail: _____ Website: _____
Type of organization: ___Sole Proprietorship ___Partnership ___Corporation Other _____
Date / Year company was established: _____

Primary representative (only the name and e-mail is listed in the Member List)

Name: _____ Title: _____
E-mail: _____ Cell Phone: _____

Complete this section only if applicable

Legal Name of Company if different than above: _____
Subsidiary or Division of, if applicable: _____
Additional Business Entities: _____

Other representatives to receive NFCA updates and industry information

Name: _____ Title: _____
E-mail: _____
Name: _____ Title: _____
E-mail: _____

(Please list as many names as you like on a separate sheet.)

Branch Locations \$250 each and include two state listings

NFCA offers Branch Membership for contractors with multi locations for \$250 annually and includes a listing on NFCA-online.org and under two states. Complete Company Information and Primary Representative sections of this application for each location.

Types of work for which you contract—check all that apply

___ Spray-applied Fireproofing ___ Intumescent Fireproofing ___ Firestopping ___ Spray Foam ___ Air Barrier
___ Curtain Wall Insulation ___ Drywall ___ Thermal Barrier
Other: _____

Additional Information for informational purposes only

Industry memberships: ___ABAA ___FCIA ___ICAA ___NIA ___SWRI Other _____

List of 20 Completed Fireproofing Jobs & Reference

1. Please provide a list of 20 completed fireproofing jobs, the location, and the fireproofing product used, with this application.
2. Please provide the name and contact information of a NFCA Manufacturer Supplier Member, NFCA Contractor Member, or NFCA Fireproofing Consultant Member as a reference for your company (see NFCA Member List at www.NFCA-online.org):

Reference Name: _____ Company: _____

Reference Email and/or Telephone: _____

Your Company Description to be used on the NFCA Member List

Provide a brief paragraph describing your company’s business and include your service area. This description will be used on your NFCA Member Listing at NFCA-online.org: _____

NFCA-online.org Contractors by State/Provinces Listing Fee

NFCA Members are also listed on the website under the states they serve so potential customers looking for a NFCA Contractor can click on a state and find the contractors who work in the state. NFCA Contractor Members may choose to be listed under the multiple states/provinces they serve for the following fee: 2 states —Free with Membership, 3 to 5— \$100 each, 6 to 10—\$80 each, 11 to 15—\$70 each, 16 to 20—\$60 each, 21 and over \$50 each.

Please list the states/provinces to be listed for your company on NFCA-online.org: _____

Payment—Contractor Annual Membership \$1,400, includes 1 Free Annual Conference Attendee

Check made payable to NFCA is attached.

Invoice my company. Membership application is not complete until payment is received in full.

Credit Card: Card number _____ Expiration date _____

Name on Card _____ E-mail _____

I hereby make application for membership in the National Fireproofing Contractors Association as a Voting Contractor Member. If approved for 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 Board of Directors of the Association. Further, I hereby certify all information in this application is true, complete and correct to the best of my knowledge.

Signature of Owner, Officer or Partner: _____

Print Name: _____ Title: _____ Date: _____

Return completed application, list of jobs and payment to:

National Fireproofing Contractors Association
4415 W. Harrison St., Suite 540, Hillside, IL 60162
sandy@nfca-online.org
Fax: 708-449-0837
Questions? Call 708-236-3411



In the event this application is accepted, as partial consideration for my membership, I give National Fireproofing Contractors Association, its assigns, licensees, successors in interest, and legal representatives, the irrevocable right to use any photographs and/or video of me taken at any NFCA 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.