



National Fireproofing  
Contractors Association

### NFCA ASSOCIATE MEMBERSHIP APPLICATION

I hereby make application for membership in the National Fireproofing Contractors Association Inc., as a Associate 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—Please print exactly as it is to appear in the Membership List at [www.NFCA-online.org](http://www.NFCA-online.org)**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Type of organization—choose one:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

**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 feel free to list as many names as you like on a separate sheet.)

**Sponsoring Member—NFCA member sponsoring your membership, if any.**

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

**General Market Area served—List states/provinces and countries served.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Industry memberships:  ABAA  FCIA  ICAA  NIA  NROCA  SWRI  Other: \_\_\_\_\_

NFCA Committee Interest:  Accreditation  Technical  Education  Membership  Program

**Additional Information**

Provide a brief paragraph describing your company’s business and include your service area:

**Payment—Associate Annual Membership \$500**

- 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 \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby agree in entirety and without reservation to the first paragraph of this membership application. 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 and documentation to the National Fireproofing Contractors Association:**



**NFCA, 4415 W. Harrison St., Suite 540, Hillside, IL 60162**

**Email: [sandy@nfca-online.org](mailto:sandy@nfca-online.org)**

**Fax: 708-449-0837**

**Questions? Please call 708-236-3411**

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