

NFCA Contractor Membership Application

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:			
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 \$295 each and include two state listings			
NFCA offers Branch Membership for contractors with multi locations for \$295 annually and includes a listing on NFCA-online.org and under two states. Please request Branch Membership application info@nfca-online.org			
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 Plaster Other:			
What other Industry Affiliates are you a member?			
Industry memberships:ABAAFCIAICAANIASWRI Other			

Your Company Description to be used on the NFCA Member List		
, , , , , , , , , , , , , , , , , , , ,	ompany's business and include your service	•
The Continuence Listing across of Commercials.		
NFCA-online.org Contractors by State/	Provinces Listing Fee	
click on a state and find the contractors who	o work in the state. NFCA Contractor Memberg fee: 2 states — Free with Membership, 3 to	sustomers looking for a NFCA Contractor can ers may choose to be listed under the multiple to 5— \$100 each, 6 to 10—\$80 each,
Please list the states/provinces to be listed f	or your company on NFCA-online.org:	
Payment—Contractor Annual Member	ship \$1,675, includes 1 Free Annual Con	ference Attendee
Check made payable to NFCA is attache	ed.	
Invoice my company. Membership appl	lication is not complete until payment is rece	ived in full.
Credit Card: Card number	Expiration date _	Security Code
Name on Card	E-mail	
approved for membership, I agree to accept making application for membership, I hereb out of any act in connection with the accept Association. Further, I hereby certify all info	in the National Fireproofing Contractors Assort and abide by all of the By-Laws now in force by waive all claims against the Association, its ance or rejection of this application, or any a primation in this application is true, complete	e and as amended from time to time. In sofficers, directors and all members arising action taken by the Board of Directors of the
Signature of Owner, Officer or Partner:		
Print Name:	Title:	Date:

Return completed application, list of jobs and payment to:

National Fireproofing Contractors Association 800 Roosevelt Rd., Bldg. C-312, Glen Ellyn, IL 60137 lissettek@cmservices.com Fax: 630-790-3095 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.