



National Fireproofing  
Contractors Association

## NFCA Contractor Membership Application

**Company—Please print exactly as it is to appear on 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: ☐ 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 \$325 each and include two state listings**

NFCA offers Branch Membership for contractors with multi locations for \$305 annually and includes a listing on NFCA-online.org and under two states. Please request Branch Membership application [info@nfca-online.org](mailto: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: \_\_\_ABAA \_\_\_FCIA \_\_\_ICAA \_\_\_NIA \_\_\_SWRI Other \_\_\_\_\_

### Current NFCA Member Reference

1. 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](http://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](http://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](http://NFCA-online.org): \_\_\_\_\_

### Payment—Contractor Annual Membership \$1,725, 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 \_\_\_\_\_ Security Code \_\_\_\_\_  
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 and payment to:

**National Fireproofing Contractors Association**  
800 Roosevelt Rd., Bldg. C-312, Glen Ellyn, IL 60137  
[lissette@cmservices.com](mailto:lissette@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.