



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

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 \$535

- 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 _____ Sec Code _____

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: kriston@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.