

FCAI Contractor Member

MEMBERSHIP APPLICATION



COMPANY NAME: _____ NAME OF APPLICANT: _____

ADDRESS : _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____ WEBSITE: _____

NAME OF AUTHORIZED REPRESENTATIVE: _____

CONTACT PERSON TO FCAI: _____ AVERAGE NUMBER OF EMPLOYEES: _____

FORM OF BUSINESS:

Corporation Partnership Sole Proprietorship Joint Venture LLC Other

TYPE OF TRADESMEN EMPLOYED

Painters Tapers Glaziers Other:

SERVICES	Residential	Commercial	Industrial	Institutional
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall Finishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wallcovering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Decorative Finishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coatings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faux Finishing		<input type="checkbox"/>		<input type="checkbox"/>
Spray-on Acoustic Ceilings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Texture Ceilings		<input type="checkbox"/>		<input type="checkbox"/>
Electrostatic Painting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Marking/Line Striping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Factory Line Striping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abrasive Blasting			<input type="checkbox"/>	<input type="checkbox"/>
Shot Blasting			<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATIONS				
LEED Certified	<input type="checkbox"/>	DBE	<input type="checkbox"/>	QP5 <input type="checkbox"/>
Lead Abatement	<input type="checkbox"/>	QP1	<input type="checkbox"/>	QP6 <input type="checkbox"/>
Asbestos Abatement	<input type="checkbox"/>	QP2	<input type="checkbox"/>	QP7 <input type="checkbox"/>
Confined Spaces	<input type="checkbox"/>	QP3	<input type="checkbox"/>	QP8 <input type="checkbox"/>
MBE	<input type="checkbox"/>	QP4	<input type="checkbox"/>	QP9 <input type="checkbox"/>
WBE	<input type="checkbox"/>			

GLAZIERS	
Glass and Glazing	<input type="checkbox"/>
Bath Enclosures	<input type="checkbox"/>
Unitized Systems	<input type="checkbox"/>
Curtain Wall	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>
Building Envelope	<input type="checkbox"/>

SPECIALTIES			
Residential New Construction	<input type="checkbox"/>	Water Treatment Plants	<input type="checkbox"/>
Swimming Pools	<input type="checkbox"/>	Manufacturing Plants	<input type="checkbox"/>
Tank Lining	<input type="checkbox"/>	Water Towers/Tanks	<input type="checkbox"/>
Chemical Plants	<input type="checkbox"/>	Traffic Signal Pole	<input type="checkbox"/>
Food Plants	<input type="checkbox"/>		

ASSIGNMENT OF BARGAINING RIGHTS:

Applicant states that the above-named firm is an employer that employs one or more of the above-listed tradesmen and assigns its bargaining rights for purpose of collective bargaining with Painters District Council No. 30 and does authorize the Association to enter into collective bargaining agreements with Painters District Council No. 30 on its behalf. Applicant agrees and understands it may resign from membership by filing a written notice with the Association; however, in no event may a member who assigned its bargaining rights resign from the Association within six months prior to expiration of any collective bargaining agreement between the Association and Painters District Council No. 30 or after the commencement of negotiations by the Association with Painters District Council No. 30.

The undersigned applicant agrees, if the application is accepted, to be bound by the provisions of the Association Bylaws now in effect, including any changes to Bylaws that may be subsequently adopted.

The undersigned states and represents that he/she is authorized to execute this Application on behalf of the Applicant, has read the foregoing and understands the contents thereof and has received a copy of the Association's Bylaws.

Printed Name of Signatory (ie: Owner, President) _____

Signature of Signatory (ie: Owner, President) _____

Date _____

DUES INFORMATION: There is no charge to be an FCAI Member. Your dues are covered because your company already makes contributions to the industry promotion fund (NIPDI).

FOR FCAI USE ONLY below this line _____

Board Approval Date: _____ Last NIPDI Contribution: _____