FINISHING CONTRACTORS ASSOCIATION OF ILLINOIS

FCAI Contractor Membership Application

Exact Name of Applicant Firm: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ **Mobile Phone:** _____

Fax Number: _____ **Email Address 1:** _____

Email Address 2: _____ **Website Address:** _____

Name of Signatory *(i.e. Owner, President, etc.)*: _____

Name of person applying on his/her behalf: _____

Average Number of Employees: _____

Form of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship
☐ Joint Venture ☐ LLC ☐ Other

Type of Tradesmen Employed: ☐ Painters ☐ Tapers ☐ Glaziers ☐ Other

Types of Work:

New Work	☐ Residential	☐ Commercial	☐ Industrial
Drywall	☐ Residential	☐ Commercial	☐ Industrial
Glass/Glazing	☐ Residential	☐ Commercial	☐ Industrial
Maintenance	☐ Residential	☐ Commercial	☐ Industrial
Repaint	☐ Residential	☐ Commercial	☐ Industrial
Wallcovering	☐ Residential	☐ Commercial	☐ Industrial

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.

_____ DATE: _____

Signature of Authorized Representative of Applicant

DUES INFORMATION: There is no charge to be a FCAI Member. Your dues are covered because your company already makes contributions to the Industry Promotion Fund (NiPDi).