

## FGIA Corporate Membership Application

In submitting this application, we agree to abide by the FGIA Bylaws and to promote the objectives of FGIA.

### Company Information

Company: \_\_\_\_\_ Business Website: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_ General Email: \_\_\_\_\_  
 Company Description to be used in online member directory: \_\_\_\_\_

### Main Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Username: \_\_\_\_\_ Password: \_\_\_\_\_ (Used to access [Members Only](#), to apply discounts within the [Online Store](#), to receive member rates for [FGIA events](#), and as the Student Log-In for purchased [FenestrationMasters Program](#) coursework.)  
**(List any additional contacts that you would like to be included in the membership in the space provided on page 4.)**

### Additional Information

Was there a current FGIA member(s) who was influential in your decision to pursue an FGIA Membership? If so, please list below.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_

### Participation Level

Review the [FGIA Dues Schedule](#) prior to making Participation Level selections.

#### ○ CATEGORY 1 MEMBERSHIP\*

- |   |  |                               |  |   |
|---|--|-------------------------------|--|---|
| <input type="checkbox"/> Residential Products Council (RPC)   | Product Interests Available with RPC or APC: | <input type="checkbox"/> Door | <input type="checkbox"/> Skylight/Sloped Glazing | <input type="checkbox"/> Wall Interface |
| <input type="checkbox"/> Architectural Products Council (APC) |  |                               |  |   |

If selecting both Residential and Architectural Products Councils, please indicate which is your company's primary market.  
 (Note that an additional \$500 fee applies for electing to participate in both Products Councils.)

Primary Products Council Support:  Residential Products Council (RPC)  Architectural Products Council (APC)

#### Material Market Involvement:

- Aluminum  Fiberglass  Vinyl  Wood & Cellulosic Composites

Regional Involvement (may choose both regions):  [Southeast](#)  [Western](#)

Add Glass Products Council (GPC) Membership:  Yes (choose applicable option below)  No

- IG or Fenestration Producer  IG Component Producer  Primary Glass Producer  Auditing or Testing Agency

#### FGIA Fenestration and Glazing Virtual Library (FGVL)

- [The FGVL](#), which provides online, read-only access to all AAMA (Category 1 membership) and IGMA (GPC membership) technical publications for all company employees is included at no additional cost. By checking this box, I agree to and acknowledge acceptance of the terms of the [FGVL License Agreement](#). If you would like to upgrade your company's FGVL subscription to allow document printing, please complete and submit the [FGVL Upgrade Form](#).

#### ○ CATEGORY 2 MEMBERSHIP (\$75 million maximum annual sales volume)

Regional Involvement (must choose at least one region):  [Southeast](#)  [Western](#)

#### ○ CATEGORY 3 MEMBERSHIP (\$50 million maximum annual sales volume)

Must choose only one region:  [Southeast](#)  [Western](#)

#### ○ GLASS PRODUCTS COUNCIL (GPC) ONLY MEMBERSHIP\*

- IG or Fenestration Producer  IG Component Producer  Primary Glass Producer  Auditing or Testing Agency

\* See page 3 of this application for information regarding Council voting rights.

**Subsidiary Company**

List any subsidiary companies to be included in the membership. *(Please list additional subsidiary companies in the space provided on page 4.)*  
Sales volume of each is included in the reported figure *(see page 2)* for calculation of dues.

**Brand Recognition Option:**  Brand Recognition (\$1,500 one-time set-up fee)  None

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Company Description to be used in member directory: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Required Data for Dues Calculation**

**This section is required and must be completed by a Corporate Officer. (THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL.)**

I, \_\_\_\_\_ (corporate officer name and title),  
confirm that the following data represents the preceding year's figures for the companies being included in our FGIA membership.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Category 1, 2 or 3 Membership**  
North American sales volume for products or services related to residential and commercial window, door, curtain wall, storefront, sloped glazing, skylight, sunroom and/or related components: \$ \_\_\_\_\_ (in U.S. dollars)

**Glass Product Council Membership**  
IG or Fenestration Producer – North American insulating glass production or usage volume for all plants: \_\_\_\_\_ (in square feet)  
IG Component Producer – North American sales volume for all insulating glass-related products/services: \$ \_\_\_\_\_ (in USD)

**Dues Calculation**

See the [FGIA Dues Schedule](#) to determine all applicable dues fees.

Category 1, 2 or 3 Membership Dues.....\$ \_\_\_\_\_

Support of Architectural and Residential Products Councils *(only for Category 1 with support of both – add \$500)* .....\$ \_\_\_\_\_

Glass Products Council Membership *(GPC only or added to Category 1, 2 or 3 membership)* .....\$ \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES AMOUNT**.....\$ \_\_\_\_\_

**PRO-RATED MEMBERSHIP DUES TOTAL**.....\$ \_\_\_\_\_  
*(Annual Membership Dues ÷ 12) x Number of months left in year including current month*

**Required Glass Products Council Research & Development Fee** *(applies only to GPC membership – add \$200)* .....\$ \_\_\_\_\_

**Subsidiary Brand Recognition Fee** *(Number of subsidiaries x \$1,500 one-time set-up fee)*.....\$ \_\_\_\_\_

**Optional Contribution to FGIA Lobbying Activities** .....\$ \_\_\_\_\_

**Optional Contribution to FGIA Research Projects** .....\$ \_\_\_\_\_

**TOTAL PRO-RATED MEMBERSHIP DUES AND ADDITIONAL FEES/CONTRIBUTIONS**.....\$ \_\_\_\_\_

*FGIA anticipates that 2% of our total membership dues will support lobbying activities so, per the U.S. Omnibus Budget Reconciliation Act of 1993, 2% (i.e., \$20 per \$1,000) of your dues contribution for the current year is not tax deductible.*

**Payment of membership dues is a binding agreement for the period covered by this membership application.**  
Payments or contributions to FGIA may be deductible as a business expense but are **not** deductible as charitable contributions for income tax purposes.

**Dues Billing Contact**

**Main Contact** *(contact provided on page 1 of this application)*  **Accounts Payable** *(please provide all contact information below)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Payment Information

Companies located outside of North America must include the **Non-North American Company Application Processing Fee** of \$2,500 in the total entered below. This is a one-time application processing fee which covers the continuous life of the membership.

**Total Amount Due:** \$ \_\_\_\_\_

**Please select your preferred payment method:**

**Check** – payable to “FGIA” in U.S. dollars     
  **Wire transfer** (Fee: \$50 International/\$20 Domestic)     
  **Direct Debit/ACH**  
 **VISA**    **MasterCard**    **Amex**    **Discover**  
 Acct # \_\_\_\_\_    CVV Code \_\_\_\_\_    Exp. Date \_\_\_\_\_

**Cardholder (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Membership is activated upon receipt of completed application and dues payment.*

## Council Voting Criteria – Applies only to Category 1 and Glass Products Council Memberships

Based on the Participation Level and Council support selected on page one, please indicate your voting rights interest below by placing an X in the appropriate box(es) and providing an applicable description supporting the eligibility selection(s) you’ve made.

COUNCIL	NON-VOTING	VOTING	VOTING ELIGIBILITY CRITERIA					
			Is a finished fenestration product manufacturer	Makes a product that is directly addressed by the Council	Makes a product that is incorporated into a product directly addressed by the Council	Makes a product that is used to install a product addressed by the Council	Offers a service that is used by companies making products directly related to the products addressed by the Council or incorporated into such products	Provides equipment used in the manufacture of products that are directly addressed by the Council or incorporated into such products
Architectural Products Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Products Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass Products Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skylight/Sloped Glazing Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Interface Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Material Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Material Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl Material Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood and Cellulosic Composite Material Council	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Company Description Supporting Council Voting Eligibility

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## Additional Contacts

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
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## Additional Subsidiary Companies

Sales volume of each is included in the reported figure (*see page 2*) for calculation of dues.

Brand Recognition Option:  Brand Recognition (\$1,500 one-time set-up fee)  None

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**PLEASE MAIL, FAX OR EMAIL THIS COMPLETED MEMBERSHIP APPLICATION TO: FGIA, Attn: Membership Department,  
 1900 E. Golf Rd, Suite 1250, Schaumburg, IL 60173 or FAX to (847) 303-5774 or EMAIL to [application@fgiaonline.org](mailto:application@fgiaonline.org)**