

IPAC CANADA APPLICATION FOR CORPORATE MEMBERSHIP

IPAC Canada
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Winnipeg MB R3R 3S3

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The undersigned officer hereby applies for Corporate Membership in Infection Prevention and Control Canada and agrees to conform to the by-laws of IPAC Canada. **We have read the accompanying Corporate Relations Committee Policy 4.40 and enclose the annual Corporate Membership fee of \$2,600 for the year ending June 30, 2016. We understand that Corporate Membership must be renewed each year in order to obtain benefits outlined in the Policy.**

NAME OF COMPANY: _____

URL ADDRESS _____ (to be linked from our web site)

MAILING ADDRESS:

STREET: _____

CITY: _____ PROV/STATE: _____ POSTAL /ZIP CODE: _____

MAIN CONTACT NAME: (print) _____

TITLE: _____

The person named above will be the main contact for communication from IPAC Canada regarding Corporate Membership. This person does not need to be a member of IPAC Canada; however, will become a member of IPAC Canada if that person is also the representative/member listed below.

E-MAIL ADDRESS: _____

PHONE: (____) _____ FAX: (____) _____

Please state the interest your company has in infection prevention and control, and how there will be mutual benefit from your Corporate Membership:

Provide the name and mailing address of your designated representative/member. One complimentary membership, chapter membership, and any interest group memberships desired is included with Corporate Membership. Additional chapter memberships may be purchased, at \$30.00 each – see exceptions in Policy 4.40. Even if the complimentary member, below, is the primary contact person for the Corporate Membership, please complete the following section.

PLEASE ASSIGN FREE MEMBERSHIP IN IPAC CANADA TO:

REPRESENTATIVE: _____

POSITION: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ TEL: _____

PLEASE APPLY MY FREE CHAPTER MEMBERSHIP IN: _____ CHAPTER
I WOULD LIKE MEMBERSHIP IN THE _____ INTEREST GROUP(S).

Paid by: Cheque VISA Mastercard AMEX Discover Card

Credit Card No. |__|_|_|_|_|_| |__|_|_|_|_|_| |__|_|_|_|_|_| |__|_|_|_|_|_|

Expiry Date: _____ Signature: _____

Cardholder's Name (please print) _____

Chapter membership is not compulsory for membership in IPAC Canada; however, Chapter members **must** be members of IPAC national (IPAC Canada Policy 8.60). There are 21 local Chapters of IPAC Canada (see list below). Membership in your local chapter provides invaluable networking, education and communication opportunities.

The representative (IPAC Canada member) named on page 1 is entitled to one year complimentary membership in his or her choice of one IPAC Canada chapter. Additional chapter memberships can be obtained at a fee of \$30 per chapter. For supplementary representatives' membership in IPAC Canada, kindly fill out a Membership Application Form, available at www.ipac-canada.org.

IPAC Canada Chapters:

(see www.ipac-canada.org for geographical locations)

*IPAC Newfoundland Labrador
*IPAC New Brunswick/PEI
*IPAC Nova Scotia
*IPAC Montreal/PCI Montreal
*IPAC Eastern Ontario
*IPAC Renfrew County
*IPAC Central East Ontario
*IPAC Simcoe Muskoka

*IPAC Ottawa Region
*IPAC Southwestern Ontario
*IPAC GTA (Toronto)
*IPAC CSO
*IPAC HUPIC (Huronians Professionals in Infection Control)
*IPAC Northwestern Ontario
*IPAC Northeastern Ontario

*IPAC Manitoba
*IPAC PANA (Peel Region)
*IPAC SASKPIC
*IPAC Southern Alberta
*IPAC Northern Alberta
*IPAC British Columbia

IPAC Canada Interest Groups

The Representative named on the previous page is entitled to membership in any Interest Groups of his or her choice.

Community Healthcare Interest Group
Dialysis Interest Group
Environmental Hygiene Interest Group
Healthcare Facility & Design Interest Group
Long Term Care Interest Group
Mental Health Interest Group
Network of Networks
Oncology Interest Group
Pediatrics Interest Group
PreHospital Care Interest Group
New! Reprocessing Interest Group
Surveillance and Applied Epidemiology Interest Group