



# 2017 Membership Application and Payment Verification

Enjoy the many benefits of IPAC Canada Membership

## Membership Categories

**Active/Professional:** Individuals occupationally or professionally involved in the practice of Infection Prevention and Control and/or Epidemiology. May vote, hold office and serve on committees. This category also includes Industry/Business members who are directly responsible for products and services related to Infection Prevention and Control.

**New! First-Time Individual Member:** Persons who have never belonged to IPAC Canada in the past can join at the reduced rate of \$124.00 for their first year of membership. *Regular Individual Membership fees will apply upon renewal.*

**Institutional:** Employees of health care related institutions or agencies interested in fostering the purposes and objectives of the Association. Members must be at the same physical site. Representatives receive the same benefits as Active members. Membership will stay with the person for the remainder of the membership year unless they otherwise agree to transfer membership to another representative of the Institution.

**Student:** Full-time student attending a full time infection control related program. May not vote or hold elected office. May serve on committees. **Applications for Student membership must be accompanied by a letter of attestation that the applicant is a full-time student attending an infection prevention and control related program.** Current students of any IPAC Canada endorsed program qualify. Regular/Individual Membership fees will apply upon renewal.

**Retired:** Retired and not employed full time or seeking full time employment in Infection Prevention and Control. This is a non-voting membership. May not vote or hold elected office. May serve on committees.

**Corporate Membership:** Companies/corporations/agencies which support the objectives of IPAC Canada and provide additional support to IPAC Canada. The company is the member of IPAC Canada. Corporate Members are non-voting members and may not hold elected office. See <http://www.ipac-canada.org> for more information on Corporate Membership. Individual representatives (members) of the Corporate Member may apply for Active/Professional Membership.

Memberships expire 12 months from the date of processing. Memberships are transferable during the membership year. Fees will not be refunded after 30 days of receipt. There will be a \$15.00 charge for all returned cheques. Payment must accompany application. No post-dated cheques.

### Section 1: APPLICATION FOR INDIVIDUAL MEMBERSHIP (Active) or STUDENT/RETIRED UNDER THIS CATEGORY, THE INDIVIDUAL IS THE MEMBER OF IPAC CANADA, NOT THE EMPLOYING ORGANIZATION. INCLUDES ONE CHAPTER MEMBERSHIP, AND INTEREST GROUPS OF YOUR CHOICE

Individual Membership fees: \$206.00 (CAD\$) **-OR- Retired, Student\* or First-Time Member fees \$124.00** \$\_\_\_\_\_ (Sub Total A)  
 \*Applying for Student Membership – attached is a letter of attestation from my teaching facility.

### Section 2: APPLICATION FOR CHAPTER MEMBERSHIP – For your nearest chapter, see reverse ONE CHAPTER MEMBERSHIP IS INCLUDED WITH YOUR MEMBERSHIP FEE. ADDITIONAL CHAPTERS ARE \$30 EACH.

I am a member of/ I am joining \_\_\_\_\_ Chapter, at no charge.  I am declining Chapter Membership. (See list of Chapters on second page. Geographic locations of chapters can be found at [www.ipac-canada.org](http://www.ipac-canada.org))  
 I wish to belong to these **additional** chapters, at \$30.00 each: \_\_\_\_\_ \$\_\_\_\_\_ (Sub Total B)

### Section 3: APPLICATION FOR INTEREST GROUP MEMBERSHIP – See list of Interest Groups on reverse. INTEREST GROUP MEMBERSHIP IS INCLUDED WITH YOUR MEMBERSHIP FEE. THERE IS NO LIMIT TO THE NUMBER OF COMPLIMENTARY INTEREST GROUPS TO WHICH YOU MAY BELONG.

I am a member of/ I am joining \_\_\_\_\_ Interest Group(s) /  I am declining Interest Group Membership.

### Section 4: APPLICATION FOR INSTITUTIONAL MEMBERSHIP (Active) UNDER THIS CATEGORY, THE INDIVIDUAL IS THE MEMBER OF IPAC CANADA, NOT THE EMPLOYING ORGANIZATION. THIS CATEGORY HAS FINANCIAL BENEFITS TO THE ORGANIZATION. INCLUDES CHAPTER MEMBERSHIP AND INTEREST GROUP MEMBERSHIP FOR EACH REPRESENTATIVE.

This category will be beneficial to those organizations which have two or more representatives to the Association and/or an anticipated turnover of representatives in any calendar year. An "institution" is defined as **one physical site** with representatives to the Association employed at that site. If any agency has more than one physical location throughout the city, province or the nation, each site would be designated a separate "institution" for purposes of membership. An annual fee of **\$288.00** for the first representative of the institution **and an annual fee of \$124.00** for each additional representative from the institution. **MEMBERSHIP FEES INCLUDE ONE CHAPTER MEMBERSHIP and INTEREST GROUP MEMBERSHIP(S).** Please indicate chapter and/or interest group choice(s) above. **At least one representative must be named. Additional representatives:** List on a separate page and return a completed Membership Application Form **for each name** on the list.

Facility/Agency \_\_\_\_\_ First Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Code: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Institutional Membership fee: \$288.00 (for the first representative and chapter membership). Institutional Fee: \$\_\_\_\_\_

Additional Representatives: \$124.00 each (includes chapter membership) x \_\_\_\_\_ = Additional Reps: \$\_\_\_\_\_

Total Institutional Membership Fees: \$\_\_\_\_\_ (Sub Total C)

### Section 5: TOTAL MEMBERSHIP FEES DUE

Sub Total of Membership Fees from sections 1 and 2 OR 2 and 4, above \$\_\_\_\_\_ (Sub Total D)

Enclosed is my additional donation to IPAC Canada in the amount of: \$\_\_\_\_\_ (Sub Total E)

**TOTAL AMOUNT ENCLOSED: (GST/HST NOT APPLICABLE)** \$\_\_\_\_\_ (TOTAL)

Please charge my VISA/MASTERCARD/AMEX/DISCOVER CARD: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Or send cheque or money order, payable to IPAC Canada, to the address on reverse. No post-dated cheques please.



## Membership and Expert Resource Information

Please complete all applicable sections. This information will provide accurate demographics for our association and assist in our planning for the future. It also provides a resource of experts in the field of Infection Control, Epidemiology and associated disciplines. **On occasion, IPAC Canada cooperates with other partners and stakeholders by providing a list of member addresses. This may be for the purpose of sending out educational information, surveys, or to our Corporate Members, who are allowed one distribution list per year. Please check here if you wish to opt out of this circulation**

### Membership Categories

Please check one (see reverse for category definitions). MEMBERSHIP FEE INCLUDES ONE CHAPTER MEMBERSHIP AND MEMBERSHIP IN INTEREST GROUP(S) OF YOUR CHOICE.

INDIVIDUAL - \$206  Renewal  New Member      STUDENT - \$124  Renewal  New  
INSTITUTIONAL FIRST REP - \$288  Renewal  New Member      RETIRED - \$124  Renewal  New  
INSTITUTIONAL ADDITIONAL REP - \$124  Renewal  New Member       **NEW!** First-Time Individual Member Rate \$124

I am replacing the following IPAC Canada Member at the National and Chapter Level: \_\_\_\_\_  
The former member is aware that their membership in IPAC Canada and any local chapter(s) will hereby cease.

### PLEASE COMPLETE ALL INFORMATION BELOW.

(Mr. Mrs. Ms. Mme. Dr.) – Circle one

Name: \_\_\_\_\_ Academic Designations \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Code \_\_\_\_\_

Office Tel: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_ Office Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Send information to my:  Office  Home address (below)

**The employment information given above – including the email address given - will be included in the IPAC Canada Member and Source Guide. If you do not wish to have your information printed in the Guide, advise the Membership Services Office in writing by December 31<sup>st</sup> each year.**

Home Address (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Code \_\_\_\_\_  
Home Tel (optional): ( ) \_\_\_\_\_ (please list if no employer listed above, for contact info only)

DISCIPLINE:  RN  Microbiologist  MD  Technologist  Other \_\_\_\_\_

EDUCATION  Diploma  Bachelor  Master  Doctorate  Other \_\_\_\_\_

CERTIFICATION  CIC – Year of Exam \_\_\_\_\_  Other \_\_\_\_\_

**If you are not Certified in Infection Control (CIC), are you eligible?**  Yes  No

(Visit this link to determine your eligibility): <http://www.cbic.org/certification-tools/eligibility-tool/index.php>

INSTITUTION:  Hospital  Long Term Care  Community Health  Industry  Other \_\_\_\_\_

# OF BEDS:  1 to 99  100 to 249  250 to 499  500 to 699  700 to 999  1000 or more  N/A

YEARS OF EXPERIENCE IN INFECTION PREVENTION & CONTROL:  1 to 5  6 to 10  Over 10  N/A

AGE GROUP (optional, for statistical purposes only):  18-30  31-50  51-60  Over 60

COMMUNICATION:  English  French (as resources permit) **I AM A MEMBER OF CNA**

### Chapter and Interest Group Membership

Chapter membership is not compulsory for membership in IPAC Canada; however, chapter members **must** be members of IPAC Canada (IPAC Canada Policy 8.60). There are 21 local Chapters of IPAC Canada (see list below). **Individual Chapter and/or Interest Group Membership is included in your IPAC Canada Membership Fee (see reverse).** Please indicate choice of chapter/interest group or decline of chapter/interest group membership on reverse page. To contact your nearest chapter or determine their geographic location, see [www.ipac-canada.org](http://www.ipac-canada.org) NOTE: Chapters may assess additional fees to their members.

**NOTE:** Membership in more than one chapter is \$30.00 per additional chapter.

\*IPAC Newfoundland Labrador

\*IPAC New Brunswick/PEI

\*IPAC Nova Scotia

\*IPAC/PCI Montréal

\*IPAC Eastern Ontario

\*IPAC Renfrew County

\*IPAC Central East Ontario

\*IPAC Ottawa Region

\*IPAC Southwestern Ontario

\*IPAC GTA (Greater Toronto and Area)

\*IPAC CSO (Central South Ontario)

\*IPAC PANA (Peel Region)

\*IPAC HUPIC

\*IPAC Northeastern Ontario

\*IPAC Simcoe Muskoka

\*IPAC Northwestern Ontario

\*IPAC Manitoba

\*IPAC SASKPIC

\*IPAC Southern Alberta

\*IPAC Northern Alberta

\*IPAC British Columbia

**INTEREST GROUPS** (Indicate membership on reverse):

Community Healthcare Interest Group

Healthcare Facility & Design Interest Group

Network of Networks

Prehospital Care Interest Group

Dialysis Interest Group

Long Term Care Interest Group

Oncology Interest Group

Reprocessing Interest Group

Environmental Hygiene Interest Group

Mental Health Interest Group

Paediatrics & Neonatal Care Interest Group

Surveillance & Applied Epidemiology Interest Group

**Please forward this completed form, with payment to:**

IPAC Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3

Tel: 204-897-5990/866-999-7111 Fax: 204-895-9595 Email: [membership@ipac-canada.org](mailto:membership@ipac-canada.org)

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