



2020 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 \$135.00 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 (working to a maximum of half time equivalent (.5FTE) attending an infection prevention and control related program.** Current students of any IPAC Canada endorsed program qualify.

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: \$223.00 (CAD\$) **-OR- Retired, Student* or First-Time Member fees \$135.00** \$_____ (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 \$32 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)

I wish to belong to these **additional** chapters, at \$32.00 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 **\$311.00** for the first representative of the institution and an annual fee of **\$135.00** for each additional representative from the institution. **At least one representative must be named. Additional representatives:** List on a separate 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: \$311.00 (for the first representative incl. chapter membership) Institutional Fee: \$_____

Additional Representatives: \$135.00 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)

Help us to profile IPAC Canada and promote the reduction of healthcare-acquired infections – please donate today

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

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

VISA/MASTERCARD/AMEX/DISCOVER CARD: _____ Expiry Date: ____/____ CSV# _____

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 - \$223 Renewal New Member STUDENT - \$135 Renewal New
INSTITUTIONAL FIRST REP - \$311 Renewal New Member RETIRED - \$135 Renewal New
INSTITUTIONAL ADDITIONAL REP - \$135 Renewal New Member **NEW!** First-Time Individual Member Rate \$135

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 31st 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): <https://www.cbic.org/CBIC/Candidate-Handbook/Eligibility-Requirements.htm>

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 19 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 NOTE: Chapters may assess additional fees to their members.

NOTE: Membership in more than one chapter is \$32.00 per additional chapter.

*IPAC Newfoundland Labrador

*IPAC New Brunswick/PEI

*IPAC Nova Scotia

*IPAC/PCI Qc

*IPAC Eastern Ontario

*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 Northwestern Ontario

*IPAC Manitoba

*IPAC SASKPIC

*IPAC Southern Alberta

*IPAC Northern Alberta

*IPAC British Columbia

INTEREST GROUPS (Indicate membership on reverse): Cardiac Care Interest Group

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 or 204-488-5028 Email: membership@ipac-canada.org

Business Number 11883 3201 RT0001 / Charitable Number 11883 3201 RR0001