

Please complete all applicable sections.

2021 MEMBERSHIP APPLICATION

of our members. Check here if you wish to Opt Out of having

your contact information shared.

Name DISCIPLINE(s): Academic Designations (RN, MD, CIC, etc.) IN MEMBER OF C.N.A. Job Title/Position MLT Job Title/Position MLT Place of Employment/Business Name MLT Street Address of Employer or Business Other (please specify) ELIV Prov/State Postal/Zip Code Business Tel# Extension Fax No. Bread Address (IPAC Canada and your chapter will use this email to communicate with you; it will be your unique log-in for the Members Area of our website, and will be published in the Member and Source Guide.) Other (please specify) City Prov/State Postal/Zip Code Country If you do not have your CC (= certification, are you are eligible to become certified? Yes of taxm(most recent): City Prov/State Postal/Zip Code Country If you do not have your CC ertification, are you are eligible to become certified? Yes of No	Please complete all applicable sections.		□ Membership Transfer: I am replacing the following member:	
Nutcettine beckgruptions (int), int), Eley Eley Job Title/Position Job Title/Position Place of Employment/Business Name Street Address of Employer or Business City Prov/State Business Tel# Extension Business Tel# Extension Fax No. Bachelor (indicate:) Master (indicate:) Diploma Business Tel# Extension Fax No. Bachelor (indicate:) Doctorate Other (please specify) Certification in Infection Control (CIC*) OR: Associate-IPC (a-IPC) Street Address/ P.O. Box Certification in Infection Control (CIC*) OR: City Prov/State Postal/Zip Code Cuty Prov/State Postal/Zip Code Country If you do not have your CIC* certification, are you are eligible to become certifica? Yes Your choice is included in your membership fees. Additional chapter No memberships can be purchased for 532.00 each. Please indicate your Hospital Long Term Care Interest groups, at no additional charge. Please indicate or No Self-Employed/Consultant INTEREST GROUP	Name			
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Enter name of Direct Supervisor for Group Membership applications			On occasion we cooperate with our partners and stakeholders by providing them with the contact information	

Enter name of Direct Supervisor for Group Membership applications If applying for Group Membership, each member must complete a separate application form.

MEMBERSHIP CATEGORIES

Memberships expire 12months from date of processing. Memberships are transferrable during the membership year. Fees will not be refunded after 30 days of receipt. \$15.00 NSF fee for returned cheques.

Individual/Active: 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. Industry/Business members may hold office on the chapter level, but may not hold a national Board position.

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.

Group Membership: 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 OR report to the same Direct Supervisor. Representatives receive the same benefits as Active members. Membership will stay with the individual for the remainder of the membership year unless they otherwise agree to transfer membership to another representative of the Group. This is beneficial for organizations which have two or more members joining the Association.

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 from the employer that the applicant is a full-time student working to a maximum of half time equivalent (.SFTE), attending an infection prevention and control related program. Current students of any IPAC Canada endorsed program qualify for student membership while enrolled in the program.

Retired: Retired and not employed full time nor seeking full time employment in Infection Prevention and Control. This is a nonvoting 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 <u>http://www.ipac-canada.org</u> for more information on Corporate Membership. Individual representatives (members) of the Corporate Member may apply for Active/Professional Membership.

CHAPTER MEMBERSHIP (one chapter included in membership fees; additional chapters \$32 each)

 IPAC Newfoundland/Labrador IPAC New Brunswick/PEI IPAC Nova Scotia PCI Qc IPAC Eastern Ontario IPAC Central East Ontario IPAC Ottawa Region 	 IPAC Southwestern Ontario IPAC GTA (Toronto) IPAC Central South Ontario IPAC PANA (Peel Region) IPAC HUPIC (Huronia) IPAC Northeastern Ontario 	 IPAC Northwestern Ontario IPAC Manitoba IPAC SASKPIC IPAC Southern Alberta IPAC Northern Alberta IPAC British Columbia 		
 INTEREST GROUP MEMBERSHIP (ind Cardiac Care Community Healthcare Dialysis Environmental Hygiene Healthcare Facility & Design 	 Long Term Care Mental Health Oncology & Transplantation Paediatrics & Neonatal Care 	 Reprocessing Surveillance and Applied Epidemiology 		
STATISTICAL / DEMOGRAPHIC INFORMATION (Optional; this information is for statistical purposes only and is not shared.) Preferred language: English French (as resources permit) Number of beds in my facility: 1 to 99 100 to 249 250 to 499 500 to 699 700 to 999 Over 1000 Years of experience in infection prevention and control: 1 to 5 6 to 10 Over 10 N/A Age Group: 18 to 30 31 to 50 51-60 Over 60 How did you hear about IPAC Canada (e.g. another member; conference; social media):				
PAYMENT OPTIONS : Complete and fax or email this form - or remit payment by cheque or bank draft to the address below. GST/HST NOT APPLICABLE TO MEMBERSHIP FEES)				
Total Membership Fee \$: Addit	ional Chapter Fees \$: Donation \$: _	TOTAL DUE\$:		
AMEX Visa Mastercard	□ Discover Card Card No:			
Expiry Date (MM/YY): C	VS#: Cardholder Name:			
IPAC Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3 Tel: 204-895-5990/866-999-7111 Fax: 204-895-9595 or 204-488-5028 Email: <u>membership@ipac-canada.org</u> Business Number 11883 3201 RT0001/Charitable Number 11883 3201 RR0001				