

## 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.		□ <b>Membership Transfer:</b> 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			
Job Title/Position       MD         Place of Employment/Business Name       MD         Place of Employment/Business Name       Epidemiologist         Street Address of Employer or Business       Other (please specify)         City       Prov/State       Postal/Zip Code       Country         Business Tel#       Extension       Fax No.       Baschelor (indicate:)         Business Tel#       Extension       Fax No.       Doctorate         Communicate with you; twill 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)         Home Address (optional)       Please direct all mail to this address:       Certification in Infection Control (CIC*) OR:	Academic Designations (RN, MD, CIC, etc.)			
Jub Trice, Postulin       MLT       MT         Place of Employment/Business Name       Epidemiologist         Street Address of Employer or Business       Other (please specify)         Eity       Prov/State       Postal/Zip Code         Business Tel#       Extension       Fax No.         Business Tel#       Extension       Fax No.         Email 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)         Home Address (optional)       Please direct all mail to this address:       Certification in Infection Control (CIC*) OR:         Associate-IPC (a-IPC)       Street Address / P.O. Box       Certification (si:			-	
Place of Employment/Business Name       Epidemiologist         Street Address of Employer or Business       Other (please specify)         Education LEVEL(s):       Diploma         Business Tel#       Extension       Fax No.         Business Tel#       Extension       Fax No.         Email 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)         Home Address (optional)       Please direct all mail to this address:       Certification in Infection Control (CIC®) OR: Associate-IPC (a-IPC)         Street Address/ P.O. Box       Year of Exam(most recent):       Other certification, are you are eligible to become certified?         City       Prov/State       Postal/Zip Code       Country         If you do not have your CIC® certification, are you are eligible to become certified?       If you do not have your CIC® certification. FAQs. htm to determine your eligibility.         INTEREST GROUP MEMBERSHIP(S) – Members may join any of our interest groups, at no additional charge. Please indicate on Page 2 which groups = if any - you wish to join.       INSTITUTION/BUSINESS TYPE:         MEMBERSHIP CATEGORIES AND FEES (see Page 2 for definitions)       Industry       Government         INDVIDUAL (renewing or past member) \$223	Job Title/Position			
Trace of Employment/Duamess wante       Other (please specify)         Street Address of Employer or Business       Diploma         Business Tel#       Extension       Fax No.         Business Tel#       Extension       Fax No.         Email 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)         Home Address (optional)       Please direct all mail to this address:       Other (please specify)         City       Prov/State       Postal/Zip Code       Country         Interest groups, at no additional charge.       Please indicate on Page 2 which groups – if any – you wish to join.       Other certification(s):         Interest groups, at no additional charge.       Please indicate on Page 2 which groups – if any – you wish to join.       INSTITUTION/BUSINESS TYPE:         INSTITUTION/AL (renewing or past member) \$123       [See Page 2 for definitions)       Industry       Government         Self-Employed/Consu				
Street Address of Employer or Business       EDUCATION LEVEL(s):         City       Prov/State       Postal/Zip Code       Diploma         Business Tel#       Extension       Fax No.       Bachelor (indicate:)         Business Tel#       Extension       Fax No.       Master (indicate:)         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)         Home Address (optional)       Please direct all mail to this address:       Certification in Infection Control (CIC*) OR: Associate-IPC (a-IPC)         Street Address/ P.O. Box       Vear of Exam(most recent):	Place of Employment/Business Name		□ Epidemiologist	
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Business Tel#       Extension       Fax No.	City Prov/State Postal/Zip Code	Country	🗌 Diploma	
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Email 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)         Home Address (optional)       Please direct all mail to this address:       Other (please specify)         Home Address (optional)       Please direct all mail to this address:       Certification in Infection Control (CIC*) OR:         Street Address/ P.O. Box       Associate-IPC (a-IPC)         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 certificat?       If you do not have your CIC* certification.FAOs.htm         vour choice is included in your membership fees. Additional chapter       Membership choice(s) on Page 2.       Interest groups, at no additional charge. Please indicate on Page 2 which groups, at no additional charge. Please indicate on Page 2 which groups. if any – you wish to join.       INSTITUTION/BUSINESS TYPE:         MEMBERSHIP CATEGORIES AND FEES (see Page 2 for definitions)       Industry       Government         INDIVIDUAL (renewing or past member) \$223       Mere discount) \$135       Other (please specify)         Other (please specify)       Government       Self-Employed/Consultant         MEMBERSHIP FIRST REP \$226       Renewal       New Member         GRO	Business Tel# Extension Fax	No.	Master (indicate:)	
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memberships can be purchased for \$32.00 each. Please indicate your       Visit <a href="https://www.cbic.org/CBIC/Certification-FAQs.htm">https://www.cbic.org/CBIC/Certification-FAQs.htm</a> chapter membership choice(s) on Page 2.       Visit <a href="https://www.cbic.org/CBIC/Certification-FAQs.htm">https://www.cbic.org/CBIC/Certification-FAQs.htm</a> INTEREST GROUP MEMBERSHIP(S) – Members may join any of our       INSTITUTION/BUSINESS TYPE:         interest groups, at no additional charge. Please indicate on Page 2 which       INSTITUTION/BUSINESS TYPE:         groups – if any – you wish to join.       Hospital       Long Term Care         MEMBERSHIP CATEGORIES AND FEES (see Page 2 for definitions)       Industry       Government         INDIVIDUAL (renewing or past member) \$223       FIRST-TIME NEW INDIVIDUAL (one time discount) \$135       Other (please specify)         Other (please specify)       Self-Employent/contact information listed above will be       Employment/contact information listed above will be         STUDENT (Non-Voting Membership) \$135       Renewal       New Member       Employment/contact information listed above cuide. Check		-		
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groups – if any – you wish to join.          Community Health         Public Health         Industry         Government         Self-Employed/Consultant         Self-Employed/Consultant         Other (please specify)         Self-Employment/contact information listed above will be         publiched in our annual Member and Source Guide. Check				
MEMBERSHIP CATEGORIES AND FEES (see Page 2 for definitions)         INDIVIDUAL (renewing or past member) \$223         FIRST-TIME NEW INDIVIDUAL (one time discount) \$135         New! GROUP MEMBERSHIP FIRST REP \$296       Renewal         New Member         GROUP MEMBERSHIP ADDITIONAL REP \$150       Renewal         New Member         STUDENT (Non-Voting Membership) \$135       Renewal	groups – if any – you wish to join.			
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New! GROUP MEMBERSHIP FIRST REP \$296       Renewal       New Member       Other (please specify)         GROUP MEMBERSHIP ADDITIONAL REP \$150       Renewal       New Member       Employment/contact information listed above will be         STUDENT (Non-Voting Membership) \$135       Renewal       New Member       published in our annual Member and Source Guide. Check		7		
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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)

<ul> <li>IPAC Newfoundland/Labrador</li> <li>IPAC New Brunswick/PEI</li> <li>IPAC Nova Scotia</li> <li>PCI Qc</li> <li>IPAC Eastern Ontario</li> <li>IPAC Central East Ontario</li> <li>IPAC Ottawa Region</li> </ul>	<ul> <li>IPAC Southwestern Ontario</li> <li>IPAC GTA (Toronto)</li> <li>IPAC Central South Ontario</li> <li>IPAC PANA (Peel Region)</li> <li>IPAC HUPIC (Huronia)</li> <li>IPAC Northeastern Ontario</li> </ul>	<ul> <li>IPAC Northwestern Ontario</li> <li>IPAC Manitoba</li> <li>IPAC SASKPIC</li> <li>IPAC Southern Alberta</li> <li>IPAC Northern Alberta</li> <li>IPAC British Columbia</li> </ul>		
<ul> <li>INTEREST GROUP MEMBERSHIP (ind</li> <li>Cardiac Care</li> <li>Community Healthcare</li> <li>Dialysis</li> <li>Environmental Hygiene</li> <li>Healthcare Facility &amp; Design</li> </ul>	<ul> <li>Long Term Care</li> <li>Mental Health</li> <li>Oncology &amp; Transplantation</li> <li>Paediatrics &amp; Neonatal Care</li> </ul>	<ul> <li>Reprocessing</li> <li>Surveillance and Applied</li> <li>Epidemiology</li> </ul>		
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):				
<b>PAYMENT OPTIONS</b> : 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				