



## IPAC Canada Application for Corporate Membership 2023-2024

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

Telephone: (204) 897-5990/1-866-999-7111  
Fax: (204) 895-9595  
Email: [info@ipac-canada.org](mailto:info@ipac-canada.org)

**Corporate Membership:** Companies/corporations/agencies which support the objectives of IPAC Canada and provide additional support to IPAC Canada. Corporate Members manufacture products (e.g., disinfectants, hand hygiene products, infection prevention equipment, etc.), or provide a service (e.g., inspections, education, guidelines, etc.). These members foster productive and mutually beneficial relations between industry and IPAC Canada that are based upon an understanding of each other’s goals and are of the highest ethical standards. Corporate Members do not provide direct patient care but may support patient care activities. The company/corporation/agency is the member of IPAC Canada. Corporate Member representatives are non-voting and may not hold elected office. They may serve on committees. Individual representatives of the Corporate Member may apply for Active/Professional Membership (see below).

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 enclose the annual Corporate Membership fee of \$5,000 (CAD) for the year ending June 30, 2024. We understand that Corporate Membership must be renewed each year in order to obtain benefits outlined in the Corporate Membership Policy.**

NAME OF COMPANY: \_\_\_\_\_

**MAILING ADDRESS AND CONTACT INFORMATION** *(to be listed on our Corporate Members page)*

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

MAIN CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

*(to be linked from our web site)*

Twitter Account: \_\_\_\_\_ Facebook Account: \_\_\_\_\_

**Please remember to email us your company logo in both jpeg and high-resolution format for our website and other IPAC Canada publications.**

*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.*

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

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Provide the name and mailing address of your designated representative/member. One complimentary voting membership, including chapter membership and any interest group memberships desired, are included with Corporate Membership. Additional chapter memberships may be purchased, at \$32.00 (CAD) each. 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I want to join this Chapter: \_\_\_\_\_ I also want to join an additional chapter(s): \_\_\_\_\_

*(additional chapters \$32 (CAD) each)*

I wish to belong to the following Interest Groups: \_\_\_\_\_

Paid by:  Cheque  Visa  Mastercard  AMEX  Discover Card

I hereby authorize the full Corporate Membership Fee (\$5,000) to be charged - **OR**

I hereby authorize one half (\$2500) of the Corporate Membership Fee to be charged now, and the balance owing charged on September 1, 2023.

Credit Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVS#: \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

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 17 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 a one year complimentary voting membership in his or her choice of one IPAC Canada chapter. Additional chapter memberships can be obtained at a fee of \$32 (CAD) per chapter. For any additional company representatives' membership in IPAC Canada, please fill out a Membership Application Form, available at <https://ipac-canada.org/join-ipac-canada.php>.

**IPAC Canada Chapters – see [www.ipac-canada.org](http://www.ipac-canada.org) for geographical locations:**

IPAC British Columbia	IPAC Southwestern Ontario	IPAC Ottawa Region
IPAC Northern Alberta		IPAC Northeastern Ontario
IPAC Southern Alberta	IPAC Greater Toronto and Area (GTA)	PCI Qc
IPAC SASKPIC	IPAC Central South Ontario	IPAC New Brunswick/PEI
IPAC Manitoba	IPAC Eastern Ontario	IPAC Nova Scotia
IPAC Northwestern Ontario	IPAC Central East Ontario	IPAC Newfoundland and Labrador

**IPAC Canada Interest Groups**

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

Cardiac Care Interest Group

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

Oncology and Transplantation Interest Group

Pediatrics and Neonatal Care Interest Group

PreHospital Care Interest Group

Reprocessing Interest Group

Surveillance & Applied Epidemiology Interest Group