2026 MEMBERSHIP APPLICATION

Please complete all applicable sections.

Name:

Academic Designations (RN, BN, MD, etc.):

Job Title/Position:

Place of Employment/Business Name:

Street Address of Employer or Business:

City Prov/State Postal/Zip Code Country

Business Tel: Extension: Fax No:

Email Address:

NOTE: (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.)

Home Address (optional) ☐ Please direct all mail to this address:

Street Address/ P.O. Box

City Prov/State Postal/Zip Code Country

CHAPTER MEMBERSHIP(S) – Membership in one IPAC Canada chapter of your choice is included in your membership fees. Additional chapter memberships can be purchased for $34.00 each. Please indicate your chapter membership choice(s) on Page 2.

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.

MEMBERSHIP CATEGORIES AND FEES (see Page 2 for definitions)

INDIVIDUAL (renewing or past member) $235 ☐
FIRST-TIME NEW INDIVIDUAL (one time discount) $142 ☐
GROUP MEMBERSHIP FIRST REP $311 ☐ Renewal ☐New Member
GROUP MEMBERSHIP ADDITIONAL REP $157 ☐ Renewal ☐New Member
STUDENT (Non-Voting Membership) $142 ☐ Renewal ☐New Member
RETIRED (Non-Voting Membership) $142 ☐ Renewal ☐New Member

Enter name of the Direct Supervisor for Group Membership applicants who do not all work at the same physical address.
If applying for Group Membership, each member must complete a separate application form.

☐ **Membership Transfer:** I am replacing the following member: _____

DISCIPLINE(s):

☐ RN ☐ MEMBER OF C.N.A.
☐ Microbiologist
☐ MD ☐ MT
☐ MLT ☐ Epidemiologist

Other (please specify)

EDUCATION LEVEL(s):

☐ Diploma
☐ Bachelor (indicate: _____)
☐ Master (indicate: _____)
☐ Doctorate

Other (please specify)

CERTIFICATION

☐ Certification in Infection Control (CIC®) OR:
☐ Associate-IPC (a-IPC) from CBIC OR:
☐ LTC-CIP certification from CBIC
Year of Exam (most recent): _____

Other certification(s): _____

If you do not have your CIC® certification, are you are eligible to become certified?
☐ Yes ☐ No
Visit https://www.cbic.org/CBIC/Certification-FAQs.htm to determine your eligibility.

INSTITUTION/BUSINESS TYPE:

☐ Hospital ☐ Long Term Care
☐ Community Health ☐ Public Health
☐ Industry ☐ Government
☐ Self-Employed/Consultant

Other (please specify)

☐ Employment/contact information listed above will be published in our annual Member and Source Guide. Check here if you do NOT want to be published in the Guide.

☐ On occasion we cooperate with our partners and stakeholders by providing them with the contact information of our members. Check here if you wish to Opt Out of having your contact information shared.

☐ I would like to receive information about the IPAC Canada Mentorship Program.

Applicant's Last Name: _____

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 $142.00 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 (.5FTE), 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 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.

CHAPTER MEMBERSHIP (one chapter included in membership fees; additional chapters $34 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 Northeastern Ontario
- ☐ IPAC Northwestern Ontario
- ☐ IPAC Manitoba
- ☐ IPAC SASKPIC
- ☐ IPAC Southern Alberta
- ☐ IPAC Northern Alberta
- ☐ IPAC British Columbia

INTEREST GROUP MEMBERSHIP (indicate any groups you wish to join)

- ☐ Cardiac Care
- ☐ Community Healthcare
- ☐ Dialysis
- ☐ Environmental Hygiene
- ☐ Healthcare Facility & Design
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Oncology & Transplantation
- ☐ Paediatrics & Neonatal Care
- ☐ Prehospital Care
- ☐ Reprocessing
- ☐ Dental Settings
- ☐ Surveillance and Applied Epidemiology
- ☐ Safety, Quality, Risk, Leadership

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: ☐ Less than 2 ☐ 2 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 $: _____ Additional Chapter Fees $: _____ Donation $: _____ TOTAL DUE$: _____

☐ AMEX ☐ Visa ☐ Mastercard ☐ Discover Card **Card No**: _____

Expiry Date (MM/YY): _____ CVS#: _____ Cardholder Name: _____

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