



2010 Membership Application and Payment Verification

Enjoy the many benefits of CHICA-Canada Membership

Membership Benefits

- Subscription to The Canadian Journal of Infection Control
- Annual Member and Source Guide
- Professional exchange of ideas
- Access to CBIC certification
- Local Chapter activities and support
- Development of infection control standards
- Reduced registration fees for annual conference and other education offerings
- Access to Members Only and CHICA Connections sections of website, www.chica.org
- Push emails, providing timely infection control updates
- Access to on-line distance education

Membership Categories

Active/Professional: Individuals occupationally or professionally involved in the practice of Infection Control and/or Epidemiology. May vote, hold office and serve on committees.

Institutional: Employees of health care related institutions or agencies interested in fostering the purposes and objectives of the Association. Representatives receive the same benefits as Active members.

Student: Full-time student attending an infection control related program. May not vote or hold elected office. Applications for Student membership must be accompanied by a letter of attestation that you are a full-time student attending an infection control related program.

Silver Membership – Retired: Neither employed nor seeking employment in Infection Prevention and Control. Non-voting 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 CHICA-CANADA, NOT THE EMPLOYING ORGANIZATION. NOW INCLUDES CHAPTER MEMBERSHIP OF YOUR CHOICE

Individual Membership fees: \$125.00 (CAD\$) or Retired or Student fees \$75.00 \$_____ (Sub Total A)

Section 2: APPLICATION FOR CHAPTER MEMBERSHIP – For your nearest Chapter, see reverse
CHAPTER MEMBERSHIP IS INCLUDED WITH YOUR MEMBERSHIP FEE. ADDITIONAL CHAPTERS ARE \$25 EACH.

I am a member of/ I am joining _____ Chapter. (See list of Chapters on second page. Geographic locations of Chapters can be found on www.chica.org.)

Additional chapters (in addition to primary chapter) - \$25.00 each
 Names of additional chapters I wish to join _____ \$_____ (Sub Total B)

I am declining Chapter Membership.

Section 3: APPLICATION FOR INSTITUTIONAL MEMBERSHIP (Active or Associate)
UNDER THIS CATEGORY, THE INDIVIDUAL IS THE MEMBER OF CHICA-CANADA, NOT THE EMPLOYING ORGANIZATION. THIS CATEGORY HAS COST BENEFITS TO THE ORGANIZATION. INCLUDES CHAPTER MEMBERSHIP FOR EACH REPRESENTATIVE.

This category will be beneficial to those organizations which have two or more representatives to the Association and/or a 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 **\$175.00** for the first representative of the institution **and an annual fee of \$75.00** for each additional representative from the institution. **MEMBERSHIP FEES INCLUDE CHAPTER MEMBERSHIP. Please indicate chapter choice above. At least one representative must be named. Additional representatives:** List on a separate page and return a completed Membership Application Form for each name on the list.

Facility/Agency _____ First Representative: _____

Address: _____
 Street City Prov/State Code

Tel: () _____ Fax: () _____ Email: _____

Institutional Membership fee: \$175.00 (includes first representative and chapter membership) Institutional Fee: \$_____

Additional Representatives: \$ 75.00 each (includes chapter membership) x _____ = Additional Reps: \$_____

Total Institutional Membership Fees: \$_____ (Sub Total C)

Section 4: TOTAL MEMBERSHIP FEES DUE

Sub Total of Membership Fees from sections 1 and 2 or 2 and 3, above \$_____ (Sub Total D)

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

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

Please charge my VISA, MASTERCARD or AMEX Number: _____ Expiry Date: ____/____

Cardholder's Name (please print): _____ Cardholder's Signature _____
 Or send cheque or money order, payable to CHICA-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.

Membership Categories

Please check one (see reverse for category definitions). MEMBERSHIP FEE NOW INCLUDES CHAPTER MEMBERSHIP
ACTIVE - \$125 Renewal New Member
INSTITUTIONAL \$175/\$75 Renewal New Member SILVER/RETIRED - \$75 Renewal New
STUDENT - \$75 Renewal New Member

I am replacing the following CHICA-Canada Member at the National and Chapter Level: _____

The former member is aware that their membership in CHICA and any local chapter(s) will hereby cease.

PLEASE COMPLETE ALL INFORMATION BELOW.

(Mr. Mrs. Ms. Dr.) – Circle one

Name: _____ Academic Designations _____

Position: _____

Place of Employment: _____

Address of Employer: _____

Office Tel: () _____ Street Address _____ City _____ Prov/State _____ Code _____
Extension: _____ Office Fax: () _____

Email: _____ Send information to my: Office Home address (below)

The employment information given above will be included in the CHICA-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) _____

Home Tel (optional): () _____ Street Address _____ City _____ Prov/State _____ Code _____
(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 _____

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

COMMUNICATION: English French

Chapter Membership

Chapter membership is not compulsory for membership in CHICA-Canada; however, Chapter members **must** be members of CHICA national (CHICA-Canada Policy 8.60). There are 21 local Chapters of CHICA-Canada (see list below). Membership in your local Chapter provides invaluable networking, education and communication opportunities. **Individual Chapter Membership is included in your CHICA Membership Fee (see reverse).** Please indicate choice of chapter or decline of chapter membership on reverse page. To contact your nearest chapter or determine their geographic location, see www.chica.org. NOTE: Chapters may assess additional fees to their members. NOTE: Membership in more than one chapter is \$25.00 per chapter.

*CHICA-Newfoundland Labrador
*New Brunswick/PEI
*CHICA-Nova Scotia
*CHICA Montreal
*CHICA-Eastern Ontario
*CHICA - Renfrew County
*Central Ontario Professionals of Infection Control (COPIC)

*CHICA-Ottawa Region
*CHICA - Southwestern Ontario
*Toronto and Area Professionals in Infection Control (TPIC)
*CHICA-HANDIC
*CHICA - HUPIC
*CHICA Northeastern Ontario

*CHICA Northwestern Ontario
*CHICA Manitoba
*CHICA Peel Region
*CHICA - SASKPIC
*CHICA - Southern Alberta
*CHICA- Northern Alberta
*CHICA- BC
*CHICA-Vancouver Island

Please forward this completed form, with payment to:

CHICA-Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3
Tel: 204-897-5990/866-999-7111 Fax: 204-895-9595 Email: chicacanada@mts.net
Business Number 11883 3201 RT0001
Charitable Number 11883 3201 RR0001