Membership Application

Spreading knowledge. Preventing infection.®

Join today and put the power of APIC to work for you!

❑ *Yes, I want to join APIC!*

Please send my member card & the link to the online New Member Kit detailing ways to get started.

Name Credentials

Title

Place of Employment

Business address

Address

Address

City State Zip

Work Phone Fax

Email ***(required to receive online member access.)***

Home address

Address

Address

City State Zip

Home Phone Fax

Preferred APIC mailing address

❑ Business
❑ Home

Select the address where you would like to receive APIC mailings, including AJIC, Prevention Strategist, and announcements about upcoming events.

How did you hear about APIC?

❑ Direct Mail ❑ E-mail
❑ Through a friend (word of mouth)
❑ Supervisor/employer ❑ Printed Advertisement
❑ Website
❑ Other: _____

APIC 2013 Member Dues *Choose appropriate dues category:*

US/Canada

❑ *FULL / ACTIVE MEMBER* *$185*
Individuals occupationally or professionally involved in the practice and management of infection prevention & control or the application of epidemiology. Such members may vote in elections, serve on committees, and hold elected office.

❑ *ASSOCIATE MEMBER* *$195*
Individuals not actively involved in the practice or management of infection prevention & control or the application of epidemiology. Such members may not vote or hold office. However, associate members may serve on committees.

❑ *STUDENT MEMBER* *$80*
Individuals who are enrolled in a two or four year program on a college or graduate level with an interest in infection prevention & control. Such members may not vote or hold elected office. However, student members may serve on committees.

International

Please see descriptions above. International Membership is online access only.

❑ *FULL / ACTIVE MEMBER* *$80*
❑ *ASSOCIATE* *$80*
❑ *STUDENT* *$80*

Interested in getting involved with APIC at the local level?

❑ **Yes,** I would like to join the following APIC chapters
❑ **Maybe.** Please send me more information about APIC chapters

Chapter #/Name Amount

Chapter #/Name Amount

Increase the strength of APIC's knowledge by participating in an APIC Section.

Each member receives a complimentary membership to the first Section of their choice. Each additional Section is $10.

❑ Ambulatory Care
❑ Behavioral Health
❑ EMS/Public Health
❑ Home Care
❑ International
❑ Long term Care
❑ Long term Acute Care
❑ Minority Issues
❑ Pediatrics
❑ Veteran Affairs

Mail to:

APIC, PO Box 79502,
Baltimore Md 21279-0502
Phone: (202) 789-1890
Toll Free: (800) 650-9883
Fax: (202) 454-2590
Email: apicmembership@apic.org
Website: www.apic.org

APIC Use Only: ID#: _____ Trans#: _____

Payment Options

❑ My check is enclosed.

❑ Please charge my ❍Visa ❍MasterCard ❍AMEX

Card No. Exp. Date

Signature

Calculate Your Dues:

APIC dues	$
+ Total chapter dues	$
+ Total section dues	$
+ APIC Research	$
Grand Total	$

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