



APIC
Spreading knowledge.
Preventing infection.®



Member-Get-a-Member



Name Credentials

Title

Place of Employment

Email (required to receive online member access)

Business address

Address

Address

City State Zip

Work Phone Fax

Home address

Address

Address

City State Zip

Home Phone Fax

Preferred APIC mailing address

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

Home

Get 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 Dues amount

Chapter #/Name Dues amount

For list of Chapter dues: www.apic.org/Member-Services/Chapters/Chapter-map

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

Cardholder name (printed)

Cardholder Signature

Calculate Your Dues:

Member dues rate	\$
+ Chapter(s) dues	\$
+ APIC TEXT ONLINE	\$
+ APIC Research	\$
Grand Total	\$

APIC 2017 Member Dues
Choose appropriate dues category:

US/Canada

FULL / ACTIVE MEMBER..... \$200

STUDENT MEMBER\$80

International

FULL / ACTIVE MEMBER\$80

STUDENT.....\$80

**International membership includes online-only access to AJIC and Prevention Strategist.*

Full/Active Member: Individuals who are currently practicing or managing infection prevention or epidemiology programs in a patient care setting; government or regulatory agency.

Student Member: Individuals enrolled full-time in an accredited institution, prior to the award of an associates or bachelors degree.

APIC TEXT ONLINE: 1 year access \$169.00 Yes No

Your Member Profile

To help us serve you better, provide complete and accurate individual, facility, and practice setting profile information. You may also update your demographic information online when you sign in at **www.apic.org**.

Years in infection prevention: _____ **CIC certified?** Yes No

Number of IPs in your facility: _____

Educational background: _____ **NHSN?** Yes No

Complimentary practice-specific online communities.
(Select your areas of interest.)

- Ambulatory Care
- Behavioral Health
- Critical Access
- EMS/Public Safety
- Home Care
- International
- Long-Term Acute Care (LTAC)
- Long-Term Care (LTC)
- Minority Health and Safety
- Pediatrics
- Public Health
- Veterans' Affairs (VA)

I was encouraged to join by:

Name

Email

APIC Member# *Please include this information, so that we can properly credit your member recruiter.*