



APIC

Spreading knowledge.
Preventing infection.®

Membership Application

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

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

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 _____

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:

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

APIC 2016 Member Dues

Choose appropriate dues category:

US/Canada

- FULL / ACTIVE MEMBER \$195
- ASSOCIATE MEMBER \$205
- STUDENT MEMBER \$80

International

- FULL / ACTIVE MEMBER \$80
- ASSOCIATE \$80
- STUDENT \$80

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

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: _____ **NHSN?**
 Yes No

Educational background: _____

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)

How did you hear about APIC? (select all that apply)

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