



APIC

Spreading knowledge.
Preventing infection.®

Membership Application

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

Yes, I want to join APIC!
Please send my new member packet, including ways to get started using my new benefits.

Name _____ Credentials _____

Title _____

Place of Employment _____

Business address

Address _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Email _____

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

How did you hear about APIC?

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

APIC 2011 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.

- FULL / ACTIVE MEMBER** \$205
- ASSOCIATE** \$215
- STUDENT** \$90

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 018/Minnesota Dues: \$25

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
- EMS/Public Health
- Long term Care
- Pediatrics
- Behavioral Health
- Home Care
- Minority Issues
- Veteran Affairs

APIC Subscriptions

- Yes**, I would like to subscribe to *Infection Connection E-Newsletter (\$20.00)*
- Yes**, I would like to subscribe to *Preventing Infection in Ambulatory Care E-Newsletter (\$20.00)*

Mail to:

APIC, PO Box 79502,
Baltimore Md 21279-0502
Phone: (202) 789-1890
Fax: (202) 789-1899
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	\$ 25.00
+ Total section dues	\$
+ Infection Connection	\$
Grand Total	\$