



Membership Application

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

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 _____

[Click here for info on Chapters](#)

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	\$ 0.00

APIC 2017 Member Dues

Choose appropriate dues category:

US/Canada

- FULL / ACTIVE MEMBER \$200
- ASSOCIATE MEMBER \$210
- STUDENT MEMBER \$80

International

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

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

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: _____ **NHSN?**
 Yes No

Educational background: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Long-Term Acute Care (LTAC) |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Long-Term Care (LTC) |
| <input type="checkbox"/> Critical Access | <input type="checkbox"/> Minority Health and Safety |
| <input type="checkbox"/> EMS/Public Safety | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> International | <input type="checkbox"/> Veterans' Affairs (VA) |

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

- | | |
|---|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Supervisor/employer | <input type="checkbox"/> Printed Advertisement |
| <input type="checkbox"/> Website | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Through a friend (word of mouth) | |
| <input type="checkbox"/> Other: _____ | |

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