

# Benefits of Membership

## Who should be involved in GIPN?

- Acute care
- Long Term care
- LTAC
- Home care
- Hospice
- Physician's office
- Ambulatory care
- Public Health
- Surgery centers
- Behavioral Health
- Emergency Medical Services
- Correctional Facilities
- Any others who practice or have an interest in infection prevention

## Education

GIPN conducts a cost-effective annual conference on infection prevention and epidemiology - topics of importance to the membership. Non-members may attend, but members receive a discount on the registration fee. Other conferences may occur throughout the year to further meet the needs of the membership.

## Newsletter

GIPN publishes a newsletter to communicate information in a timely manner to the members. There is no charge to GIPN members for the newsletter. It includes updates regarding national and state regulations for infection control, as well as news, member updates pertinent to infection control, and upcoming events. You have the option of receiving the newsletter by postal service or by e-mail.

## Network

- GIPN provides opportunities for Infection Preventionists to network and share information at the annual conference and through district meetings.
- GIPN provides meetings/communication in ten districts of Georgia. Contact persons for each district are listed on the web site at: [www.gipn.org](http://www.gipn.org).
- District liaisons are available for consultation at any time. Specialty liaisons include:
  - Long term care
  - Public safety

## Georgia Infection Prevention Network MEMBERSHIP FORM

### Registrant Information:

|                        |            |  |      |
|------------------------|------------|--|------|
|                        |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Name:                  |            | Title (e.g. RN, LPN, MT):                                |      |
| Employer:              |            | Position:  |      |
| Work Address:          | City:      | State:   | ZIP: |
| Work Phone:            | Extension: | Work Fax:  |      |
| Work or Primary Email: |            | Home (Alternate) Email:                                  |      |
| Mailing Address:       | City:      | State:   | ZIP: |

### Work Setting:

- |  |   |
|--|---|
| <input type="checkbox"/> Acute Care                | <input type="checkbox"/> Correctional                 |
| <input type="checkbox"/> Long Term/Skilled Nursing | <input type="checkbox"/> Public Health                |
| <input type="checkbox"/> Home Care                 | <input type="checkbox"/> Public Safety                |
| <input type="checkbox"/> Hospice                   | <input type="checkbox"/> Sales                        |
| <input type="checkbox"/> Mental Health             | <input type="checkbox"/> Other – please specify _____ |

### Work Responsibilities:

- |   |  |
|---|--|
| <input type="checkbox"/> Infection Prevention | <input type="checkbox"/> Other — Please describe below _____ |
| <input type="checkbox"/> Occupational Health  |  |

### Additional Member Information

County of GIPN Membership: \_\_\_\_\_  
 District \_\_\_\_\_  
 APIC member?  Yes  No APIC Chapter No.: \_\_\_\_\_

Would you like to receive correspondence and newsletter by email?

Yes  No

I grant permission for the Georgia Infection Prevention Network to use the above personal data to mail GIPN-related information to me at the MAILING ADDRESS given above. The data may be provided to my District Liaison as a means of contacting me regarding District functions. IN ADDITION TO THE ABOVE, I have indicated with my initials any information that I do not want released to anyone within or outside of GIPN membership.

Member Signature

Date

Initials

Membership fee: **\$30.00** Make check payable to: **GIPN**  
 Send check and application to:

**GIPN Membership**  
 PMB 335 12460 Crabapple Rd  
 Alpharetta GA 30201