

MEMBERSHIP COMMITMENT FORM

Organization: _____

**Please see reverse of this form to indicate member representative contact information.*

Membership type:

MIPS' Supporter - \$1500. (no tax receipt)

Helps MIPS extend our reach and achieve our goals through financial contribution.

MIPS' Partner - base fee \$1500. (no tax receipt)

Helps MIPS extend our reach and achieve our goals by undertaking patient safety activities. MIPS' Partner members can off-set their membership fees by undertaking patient safety activities each year. Each activity reduces the membership fee by \$500, up to a maximum of a \$1000 fee reduction. Please indicate below which activities your organization commits to undertake for the 2017 membership year.

Fee Reduction Activities

(Please circle target audience where applicable)

- Participate in a MIPS led education / outreach events, as a member of the planning committee, presenter, etc.
- Host an education event for the public/ employees / members on a patient safety issue.
- Lead outreach activities in the community focused on improving patient safety awareness.
- Implement a learning program that highlights patient safety for members / employees.
- Educate your stakeholders about a patient safety issue in your organizational newsletter.
- Undertake activities to educate providers on how to increase client / patient engagement in care.
- Initiate ways for patients / families / members/ employees to identify patient safety improvement opportunities.
- Register for Canadian Patient Safety Week and host related activities.

2017

- Provide board training on patient safety and its role in supporting / enhancing patient safety.
- Promote a MIPS resource to employees / members.
- Identify & recognize organizational patient safety champions annually.
- Grant an annual patient safety award.

One-Time Fee Reduction Activities

- Reflect clearly the importance of patient safety within the organization's mandate or strategic plan.
- Create a prominent link to the MIPS' websites on the organizational website.
- Initiate an active patient safety patient advisory committee.
- Develop a patient safety page on your website.

2017

Other patient safety activities you plan to undertake? _____

Partner Fee - \$1500

Fee with 1 activity - \$1000

Fee with 2 activities - \$500

The undersigned, on behalf of his/her organization, agrees to the above membership commitment with the Manitoba Institute for Patient Safety.

Signature: _____ Date: _____

Name: _____ Title: _____

Please remit by November 1, 2016 with Member Rep information (see reverse) and payment to:

**Manitoba Institute for Patient Safety
102-175 Carlton Street, Winnipeg, MB R3C 3H3
admin@mips.ca**



**2017 MEMBER REPRESENTATIVE
INFORMATION FORM**

Please confirm the Member Representative for your organization.

This person receives communication from MIPS regarding the call for nominations to the Board of Directors, our annual general meetings and member updates. This person votes on behalf of their organization in the election to the Board of Directors and other matters as outlined in the Corporation by-laws.

Please complete the following and return via fax (see above), scan-to-email (admin@mips.ca) or return by regular mail.

Organization: _____

Director's Name: _____ Email: _____

MEMBER Representative:

Name: _____ Title: _____

Full Address: _____

Phone#: _____ E-mail: _____

Please provide Assistant's Contact Information:

Name: _____ Title: _____

Phone#: _____ E-mail: _____

Please confirm an ALTERNATE Member Representative

(who can stand in for the Member Rep):

Name: _____ Title: _____

Full Address: _____

Phone#: _____ E-mail: _____

Please mark your calendar

MIPS Annual General Meeting is 4pm (registration), June 7, 2017.

Check www.mips.ca for details!

And if you have suggestions about organizations who may be interested in membership in MIPS, please let us know!