

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 in the 2019 membership year, and we would also like to hear which activities you did undertake in 2018.

Fee Reduction Activities

(Please circle target audience where applicable)

- | | <u>2018</u> | <u>2019</u> |
|---|--------------------------|--------------------------|
| •Participate in a MIPS led education / outreach events, as a member of the planning committee, presenter, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Host an education event for the public/ employees / members on a patient safety issue. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Lead outreach activities in the community focused on improving patient safety awareness. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Implement a learning program that highlights patient safety for members / employees. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Educate your stakeholders about a patient safety issue in your organizational newsletter. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Undertake activities to educate providers on how to increase client / patient engagement in care. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Initiate ways for patients / families / members/ employees to identify patient safety improvement opportunities. | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>2018</u>	<u>2019</u>
•Provide board training on patient safety and its role in supporting / enhancing patient safety.	<input type="checkbox"/>	<input type="checkbox"/>
•Promote a MIPS resource to employees / members. i.e. Canadian Patient Safety Week	<input type="checkbox"/>	<input type="checkbox"/>
•Identify & recognize organizational patient safety champions annually.	<input type="checkbox"/>	<input type="checkbox"/>
•Grant an annual patient safety award.	<input type="checkbox"/>	<input type="checkbox"/>

One-Time Fee Reduction Activities

- | | | |
|--|--------------------------|--------------------------|
| •Reflect clearly the importance of patient safety within the organization's mandate or strategic plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Create a prominent link to the MIPS' websites on the organizational website. | <input type="checkbox"/> | <input type="checkbox"/> |
| •Initiate an active patient safety patient advisory committee. | <input type="checkbox"/> | <input type="checkbox"/> |

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 this form with Member Rep information (see reverse) & payment, by **January 1, 2019**, to:

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

*Memberships are relinquished if renewal not submitted by **March 1, 2019**,
a re-application for membership will be accepted after March 1st.*



**2019 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** (in header), **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 provide Communication Department/Representative:

(for larger communication campaigns, involving newsletters, websites, etc.)

Name: _____ E-mail: _____

Please mark your calendar

MIPS Annual General Meeting is 4pm, June 5, 2019.

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!*