



MISSION

Incident Prevention Association of Manitoba (IPAM) supports its members through safety promotion, resource networking, education, public awareness and industry partnerships.

VISION

IPAM supports the promotion of Workplace Safety & Health culture through prevention strategies in Manitoba.

OBJECTIVES and PURPOSE:

- To devise ways and means of improving incident prevention methods and education.
- To function as a body from which incident prevention information may be disseminated.
- To co-operate with other organizations in incident prevention and occupational health.

Members benefit from scheduled lectures, round table discussions, workshop sessions, tours, conferences and member benefits discount program

STAY IN TOUCH THROUGH THE IPAM E-NEWS:

Sign up for the IPAM e-news by send your email to office@ipam-manitoba.com.

For more Information: www.ipam-manitoba.com

MEMBERSHIP APPLICATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____ WEB SITE: _____

MEMBERSHIP FEES: (GST is not applicable)

- | | | | |
|--|----------|-------------|--|
| <input type="checkbox"/> Individual = 1 Representative | \$140.00 | ➤
➤
➤ | <div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> Please fill out the exact number of employees in your organization _____. </div> |
| <input type="checkbox"/> 2 to 100 Employees = 2 Representatives | \$180.00 | | |
| <input type="checkbox"/> 101-500 Employees = 3 Representatives | \$345.00 | | |
| <input type="checkbox"/> Over 500 Employees = 4 Representatives | \$475.00 | | |
| <input type="checkbox"/> Student Membership | \$25.00 | | |

REPRESENTATIVE NAMES/TELEPHONE/EMAIL:

NAME: _____ TEL: _____ EMAIL: _____

NAME: _____ TEL: _____ EMAIL: _____

NAME: _____ TEL: _____ EMAIL: _____

NAME: _____ TEL: _____ EMAIL: _____

____ Please send an invoice to email: _____

____ Please call _____ at Tel: _____ for credit card information.

You can also mail your completed application and cheque payment to:

Incident Prevention Association of Manitoba, 162-2025 Corydon Ave., Suite 51, Winnipeg, MB R3P 0N5

Or E-Transfer payment to: office@ipam-manitoba.com PW: ipam2026 (Email this form to the address noted.)

FOR MORE INFORMATION: Contact Lise Carbonneau, IPAM Administrator at 204-295-1512.