

## **APPI Non Resident Application Form**

Name of Member:			
Home Address:			
	(Street)		
	(City, Province	e, Postal Code)	
(Phone)		(Cell)	
(Home email)			
Employer Name:			
Employer Address:			
	(Street)		
(City, Province, Postal Code)			
(Employment Phone)	(Em	ployment email)	
Preferred m	ailing address	Preferred email address	
home em	nployment	home employment	
<b>To be eligible for Non Resident Membership:</b> Applicants must be an active member in good standing with another Provincial and Territorial Institute and Association (PTIA) of CIP.			
CIP PTIA			
Member Type:	Registered (RPP) □ Ca	andidate □	
I certify that I have read the information on this application form and that the information provided is true and correct.			
Signature of Applic	ant		
Personal and commercial information is collected under the authority of the Personal Information Protection Act of Alberta (PIPA). The use of personal and commercial information is limited to administration of applications, program and event registrations and membership management. If, for any reason you do not want your information visible to other APPI members, please state what that information is:			
Upon approval of your Non Resident Application you will be issued written confirmation along with an invoice for the annual APPI Non Resident Member Dues. The member dues are payable upon receipt of the invoice and prior to formal admission.			

Submit this form to the APPI Office via fax, email or mail as per below: