

Request to Change Member Status from RPP or Candidate Non-Practicing to RPP or Candidate Practicing

First Name:		_Last Name:		
Home Address:				
	(Address)		
	(City, Prov	rince, Postal Code	<u> </u>	
Phone / Email:				
	(Home Phone)	(Cell)	(Home Email)	
Employer Name:		Position:		
Employer Address:				
	(Address)		
	(City,	Province, Postal (Code)	
Employer Phone/E	mail:			
	(Employment Phone)		(Employment Email)	
Preferred n	nailing address	Preferred e	mail address	
home	employment	home	employment	
Current Non-Practi	cing Member Class with APPI:	Registered (R	PP) Candidate	
l,		(print nam	e), hereby declare that I am/have	
returned to the pra	ctice of professional planning u	nder the Profes	ssional Planner Regulation of Alberta.	
Date Submitted:				
Signature of Applic	ant:			
tion Act of Alberta		commercial info	ority of the Personal Information Protec- ormation is limited to administration of nanagement.	
Please email this co	ompleted form to the APPI Office	e: office@alber	taplanners.com.	
Form Updated Oct,	2024			