

Request to Change Member Status To Retired

First Name:	Last Name:	<u> </u>
Address:		
	(City, Province, Postal Code	e)
Email:	Phone	:
Current Member Class with APPI:	Registered (RPP)	Candidate
the practice of professional planning members of APPI are not deemed to or responsibilities of regulated meml Registered Professional Planner (RE planners under the Regulation. I hav practice and seek to re-establish reg	g under the Professional Planner Foo regulated members of the Institutions as defined in the Regulation PP) professional designation, as the been advised that as a Retired gulated membership with the Institute and Board (PSB) and re-certify under the provide for the re-instatement.	
Signature of Applicant:	-	
	and commercial information is lim	of the Personal Information Protection Act of nited to administration of applications, program
Please email this completed form to	the APPI Office: office@albertapl	anners.com
Updated Oct, 2024		