

APPI Subscriber Application Form

First Name:			_Last Name:			
Home Address:						
(Stre						
		(City, Province, F	Postal Code)		-	
(Phone)			(Cell)			
(Home email)						
•			Position:			
Employer Address:						
	(Street)					
		(City, Province, F	Postal Code)			
(Employment Phone)			(Employment email)			
Preferred mailing address			Preferred email address			
ho	ome	employment	home	employ	yment	
Specify your post	secondary	academic credentials				
Program/Degree		Institution			Year Conferred	
Are you currently er	nployed in	planning? If yes, state the	firm and how long?			
Is it your intent to pubecome eligible to c		eer in planning and apply Yes No	for Candidate member	ship in the I	nstitute when you	
I certify that I have r	ead the inf	ormation on this application	on form and that the inf	ormation pro	ovided is true and correct	
Signature of applicant				Date:		
Personal and commercia personal and commercia If, for any reason you do	l information I information i not want you	is collected under the authority on some simited to administration of apport information visible to other APF	of the Personal Information P Dications, program and even PI members, please state who	rotection Act or t registrations a at that informat	f Alberta (PIPA). The use of and membership management. tion is:	

Fees: Written confirmation of your acceptance, along with an invoice for the annual APPI Subscriber Fee and CIP Pre-Candidate Fee (if applicable), will be sent to you. Fees are payable upon receipt of the invoice and prior to formal admission. Include your resume or CV with this application.

Please email this form along with your resume or CV to the APPI Office: office@albertaplanners.com

Updated Oct 2024