

Secondary Affiliation Application Form

P.O. Box 63, 5707 St. Peters Rd.
St. Peters, PE COA 2A0
Tel: (902) 704-2401

Ms. Mr. Other _____

Name: _____
First Name Last Name

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

I am applying to be a member in the Province of (select one only):

- New Brunswick Newfoundland and Labrador
 Nova Scotia Prince Edward Island
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To be eligible for secondary affiliation, applicants must be an active member in good standing with another affiliate of CIP.

CIP Affiliate: _____

Current Membership Type:

- Full Member Candidate Pre-Candidate Student
 Other: _____
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*I certify that I have read, understand & agree to comply with the bylaws of the **Institute**, including the **Code of Professional Conduct**, and I further certify that the information provided on this form and in any attached document is correct.*

SIGNATURE OF APPLICANT: _____ **Date:** _____