

Public Associate Application Form

P.O. Box 63, 5707 St. Peters Rd., St. Peters, PE C0A 2A0
Tel: (902) 704-2401 E-Mail: communications@atlanticplanners.org

Name: _____
Last name, First name

Ms. Mr. Dr. Other: _____

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

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

E-mail: _____

Applying for: Public Associate Membership in the following Provincial Association:

- New Brunswick Association of Planners
- Newfoundland and Labrador Association of Professional Planners
- Licensed Professional Planners of Nova Scotia
- Prince Edward Island Association of Planners

Are you currently employed in planning?

Yes No If yes, please specify for how long: _____ years.

Are you presently a member or participant in a land use planning related organization/committee?

Yes No If yes, please specify: _____

Are you an elected official at the municipal/regional district/provincial/federal level?

Yes No If yes, please specify: _____

*I certify that I have read, understand & agree to comply with the bylaws of the **Institute, including the Code of Professional Conduct (available at: www.atlanticplanners.org)**, and I further certify that the information provided on this form and in any attached document is correct.*

I agree and consent to API sending me via e-mail API's electronic newsletter and annual subscription renewal invoices and notices. I understand that I may opt-out of receiving API's newsletter at any time.

SIGNATURE: _____ **Date:** _____