



ATLANTIC
PLANNERS
INSTITUTE
INSTITUT DES
URBANISTES DE
L'ATLANTIQUE

Pre-Candidate Application Form

Suite 200-53 Grafton St.
Charlottetown, PE C1A 1K8
Tel: (902) 704-2401

Name: _____ Ms. Mr.
Last name, First name

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

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

E-mail: _____

Education Information:

University: _____

Title of Degree: _____

Year Graduated: _____

Are you currently employed in planning?

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

Is it your declared intention to pursue a career in planning and apply for Candidate membership in the Institute when you become eligible to do so?

Yes No If yes, please initial here: _____

*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.*

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

Note: Acceptance as a Pre-Candidate member does not guarantee acceptance as a Candidate member.