



ATLANTIC  
PLANNERS  
INSTITUTE  
INSTITUT DES  
URBANISTES DE  
L'ATLANTIQUE

Atlantic Planners Institute  
5707 St Peters Rd. St Peters, PE C0A 2A0

## APPLICATION FORM

for

Student Membership

**Salutation:** Mr.  Ms.  Mrs.  Dr.  .

**Name:** \_\_\_\_\_

**Applying for:** Student 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

**Address while at University or Business Address:**

|                    |                      |
|--------------------|----------------------|
| _____              |                      |
| <b>Street</b>      | <b>Apartment No.</b> |
| _____              | _____                |
| <b>City</b>        | <b>Province</b>      |
| _____              | _____                |
| <b>Postal Code</b> | <b>Email</b>         |
| _____              | _____                |
| <b>Phone:</b>      | <b>Fax</b>           |
| _____              | _____                |

**Home Address:**

|                    |                      |
|--------------------|----------------------|
| _____              |                      |
| <b>Street</b>      | <b>Apartment No.</b> |
| _____              | _____                |
| <b>City</b>        | <b>Province</b>      |
| _____              | _____                |
| <b>Postal Code</b> | <b>Email</b>         |
| _____              | _____                |
| <b>Phone:</b>      | <b>Fax</b>           |
| _____              | _____                |

**Send mail to:** University/Business Address  or Home Address .

I AM APPLYING FOR: *check the applicable box and complete that section. Remember to sign your name at the end of this form.*

**Student Membership:** (application/membership fees as per the fees schedule)

Degree(s): Please list any degrees you have already completed.

\_\_\_\_\_  
Degree University Year

\_\_\_\_\_  
Degree University Year

Certification: *The following must be signed by the Department Head*

I hereby certify that the applicant is enrolled full time in \_\_\_\_\_ (program) at \_\_\_\_\_ (educational institution) and is now entering year \_\_\_\_\_ of a program that normally takes \_\_\_\_\_ years to complete.  
Anticipated date of graduation \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature Date

**Code of Professional Conduct:** The Code of Professional Conduct sets out the professional standards to which all members of the institute must adhere. Is there anything in your past conduct that might be in potential contravention of the Code?

**No**  **Yes** (if yes, please explain in detail on a separate sheet, attached to this form)

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

\_\_\_\_\_  
**Signature of applicant** **Date**

**For office use only**

Date Application received: \_\_\_\_\_

Application fee:  waived  included with application  invoiced

Date paid \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_