



ATLANTIC  
PLANNERS  
INSTITUTE  
INSTITUT DES  
URBANISTES DE  
L'ATLANTIQUE

## Pre-Candidate Application Form

5707 St Peters Rd.  
St Peters, PE C0A 2A0  
Tel: (902) 704-2401

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**Name:** \_\_\_\_\_  Ms.  Mr.  
Last name, First name

**Contact Information:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Phone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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### 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: \_\_\_\_\_

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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 (available at: [www.atlanticplanners.org](http://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.**