



ATLANTIC
PLANNERS
INSTITUTE
INSTITUT DES
URBANISTES DE
L'ATLANTIQUE

Atlantic Planners Institute
Suite 200-53 Grafton St., Charlottetown PE C1A 1K8

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:

Street	Apartment No.
_____	_____
City	Province
_____	_____
Postal Code	Email
_____	_____
Phone:	Fax
_____	_____

Home Address:

Street	Apartment No.
_____	_____
City	Province
_____	_____
Postal Code	Email
_____	_____
Phone:	Fax
_____	_____

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), 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 _____