Secondary Affiliation Application Form

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

☐ **Ms.** ☐ **Mr.** Other _____

Name: _____ _____
First Name Last Name

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code:_____

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

E-mail:_____

I am applying to be a member in the Province of (select one only):

☐ New Brunswick ☐ Newfoundland and Labrador

☐ Nova Scotia ☐ Prince Edward Island

To be eligible for secondary affiliation, applicants must be an active member in good standing with another PTIA.

Current PTIA: ❒ **OUQ** ❒ **OPPI** ❒ **MPPI** ❒ **SPPI** ❒ **APPI** ❒ **PIBC** ❒ **Int'l**

Current Membership Type:

☐ Full Member ☐ Candidate ☐ Pre-Candidate ☐ Student

☐ Other: _____

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

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

Revised: July 22, 2019