



**Public Associate Application Form**

5707 St Peters Rd., Box 63  
 St Peters, PE C0A 2A0 Tel: (902) 704-2401  
 EMail:communications@atlanticplanners.org

**Name:** \_\_\_\_\_  
 Last name, First name

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

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

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

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

**Applying for:** Public Associate Membership in the following Provincial Association:

- New Brunswick Association of Planners
- Newfoundland and Labrador Association of Professional Planners
- Prince Edward Island Association of Planners

**Are you currently employed in planning?**

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

**Are you presently a member or participant in a land use planning related organization/committee?**

Yes  No If yes, please specify: \_\_\_\_\_

**Are you an elected official at the municipal/regional district/provincial/federal level?**

Yes  No If yes, please specify: \_\_\_\_\_

*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.*

*I agree and consent to API sending me via e-mail API's electronic newsletter and annual subscription renewal invoices and notices. I understand that I may opt-out of receiving API's newsletter at any time.*

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

