





## **Secondary Affiliation Application Form**

5707 St Peters Rd., Box 63 St Peters, PE COA 2A0 Tel: (902) 704-2401

Name:			
First Name			Last Name
Contact Information:	Street Address:		
City:	Prov.:		Postal Code:
Phone: (Home)	(Work)	(C	Cell)
E-mail:			
I am applying to be a m	nember in the Province of	(select one only	y):
☐ New Brunswick	☐ Newfoundland an	d Labrador	☐ Prince Edward Island
To be eligible for seco standing with another		ants must be a	in active member in good
Current PTIA:			
☐ LPPANS ☐ NBAP ☐ N	ILAPP 🗆 PEIIPP 🗖 OUQ 〔	□ ОРРІ □ МРР	I SPPI APPI PIBC Int'I
	<b>Type:</b> Candidate □ Pre-Can		
I certify that I have read	l, understand & agree to c	comply with the	hylaws of the <b>Institute</b> .
including the Code of P	_	I further certify	that the information provided
SIGNATURE OF APPLICA	ANT:		Date:

