



**RETIRED MEMBERSHIP APPLICATION FORM**

**Atlantic Planners Institute**

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**Eligibility:**

Current Full Members in good standing who have retired from active planning work may apply for Retired Membership. Retired Members continue as active members and continue to enjoy many of the services & benefits of the Institute. Should a Retired Member return to active planning work, Reinstatement to previous active Full Membership may be requested at such time.

*Please print or type clearly*

**Name:**

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

**E-mail (if changing):**

\_\_\_\_\_

**Mailing Address (if changing):**

\_\_\_\_\_

**NOTE:** Please be sure to indicate above the email address and mailing address you will be using as your primary contact from now on, in your new membership status.

I hereby certify that during the period for which I am Retired Member I will not be actively engaged in an any planning work, in any capacity; and acknowledge and agree that should I become engaged in any planning work I will immediately contact the Institute and request to reinstate my active Certified Membership status.

**SIGNATURE OF MEMBER:** \_\_\_\_\_

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

OFFICE USE ONLY:

Received: \_\_\_\_\_

Current Year Fees Paid

