

Atlantic Planners Institute
5707 St. Peters Rd., Box 63
St. Peters PE C0A 2A0

APPLICATION FORM

for

Student Membership

Name: _____

Applying for: Student Membership in the following Provincial Association:

- New Brunswick Association of Planners
 Newfoundland and Labrador Association of Professional Planners
 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 _____

Over



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 _____

