

5707 St Peters Rd., Box 63, St Peters Bay, PE C0A 2A0

MEMBER FILE TRANSFER FORM

Member is transferring from:

NBAP NLAPP PEIIPP

Member is transferring to:

LPPANS NBAP NLAPP PEIIPP OUQ OPPI MPPI SPPI APPI PIBC Int'l

Name: _____

E-Mail: _____

New Contact Information:

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____

Employer Name: _____

Work E-Mail: _____

Employer Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Position: _____

Preferred Mailing address:

Home Employment

Preferred Email address:

Home Employment

Membership Status:

Full Member Candidate Student Other: _____

Dues paid for current year: Yes No

Dues paid for next year: Yes No

Other notes:

By signing below, I consent to the transfer of my Professional file from Atlantic Planners Institute to the destination affiliate noted above.

Member Signature: _____ Date: _____