

Request to Change Member Status from RPP or Candidate Non-Practicing to RPP or Candidate Practicing

Name of Member:	
Home Address:	
	(Address)
((City, Province, Postal Code)
Phone / Email:	
(Home Phone)	(Cell) (Home Email)
Employer Name:	Position:
Employer Address:	
	(Address)
((City, Province, Postal Code)
Employer Phone/Email:	
(Employment	t Phone) (Employment Email)
Preferred mailing address	Preferred email address
□ home □ employment	□ home □ employment
Current Non-Practicing Member Class with APP	l: □ Registered (RPP) □ Candidate
I,	(print name), hereby declare that I am/have
returned to the practice of professional planning	under the Professional Planner Regulation of Alberta.
Date Submitted:	
Signature of Applicant:	
Personal and commercial information is collect	ed under the authority of the Personal Information Protection Act o
	ercial information is limited to administration of applications, program
and event registrations and membership manag	

PO Box 3099 • Sherwood Park AB • T8H 2T1

Form Updated December 8, 2020

Please email this completed form to the APPI Office: office@albertaplanners.com.