

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

Name of Member:			
Home Address:			
		(Address)	
	(City, Prov	vince, Postal Code)	
Phono / Email:	(0.9),		
	(Home Phone)	(Cell)	(Home Email)
Employer Name:		Position:	
		(Address)	
	(City,	Province, Postal Code	•)
Employer Phone/Em	ail:		
	(Employment Phone)	(	Employment Email)
Preferred mailing address		Preferred email address	
home	employment	home	employment
Current Non-Practici	ng Member Class with APPI:	Registered (RPP)	Candidate
Ι,		(print name), h	ereby declare that I am/have
		-	nal Planner Regulation of Alberta.
-			-
Signature of Applica	nt:		

Personal and commercial information is collected under the authority of the Personal Information Protection Act of Alberta (PIPA). The use of personal and commercial information is limited to administration of applications, program and event registrations and membership management.

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

Form Updated November, 2023