APPI Student Application Form

Applicant: _____

(Ms. Mr.)   (Surname)   (Given Name)   (Initial)

Contact Information:

_____
(Street)

_____
(City, Province)

_____
(Postal Code)

_____   _____ _____
(Phone)   (Fax)

Email address: _____

Education:

Current Program   Institution

_____   _____

I hereby certify that _____ is enrolled in the _____

Degree Program in the Department of _____

at the _____ for the academic year 20_____

_____   _____
(Signature of Program Head)   (Date)

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. If, for any reason you do not want your information visible to other APPI members, please state what that information is:
_____

Fees: There is no Application Fee and upon approval of your student application you will be issued written confirmation along with an invoice for the annual APPI/CIP Member Dues. The member dues are payable upon receipt of the invoice and prior to formal admission.

I certify that I have read the information on this application form and that the information provided is true and correct.

_____   _____
Signature of Applicant   **Date**

Submit this form to the APPI Office via fax, email or mail as per below: