

Request to Change Member Status To Retired

Name:		
Address:		
	(City, Province, Postal C	Codo)
	(Oity, Floville, Fostal C	500e)
Email:		Phone:
Current Member Class with APPI:	☐ Registered (RPP)	☐ Candidate
I,		(print name), hereby declare that I am
leaving the practice of professional	planning under the Prof	essional Planner Regulation of Alberta. I
understand that Retired members o	f APPI are not deemed t	to regulated members of the Institute, and
therefore are not subject to the rights	or responsibilities of regu	lated members as defined in the Regulation
and APPI Bylaws. This includes the	ne use of the Registered	d Professional Planner (RPP) professional
designation, as that title is reserved for	or practicing professional	planners under the Regulation. I have been
advised that as a Retired member, s	hould I decide to return to	planning practice and seek to re-establish
regulated membership with the Institu	ite, I will be required to re-	apply as a new member via the Professional
Standards Board (PSB) and re-certif	y under the process in pl	ace at the time of my re-application, as the
Regulation does not provide for the r	e-instatement of formerly	regulated members.
Date Submitted:		
Signature of Applicant:		

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.

February 2021