

	APPI Non I	Resident Applicat	tion Forn	n	
Name of Member:					
Home Address:					
	(Street)				
		(City, Province, Postal Code)			
(Phone)		(Cell)			
(Home email)					
Employer Name:					
Employer Address:					
	(Street)				
		(City, Province, Postal Code)			
(Employment Phone)		(Employment email)			
Preferred m	ailing address		Preferred	email add	ress
□ home	employment		$\Box$ home	$\Box$ emplo	oyment
		<b>ship:</b> Applicants must b ute and Association (PT		member ir	n good standing
CC: Resident PTIA	·				
Member Type: Re	gistered (RPP)	Candidate 🗆			
and correct. I have or Ethics or other ap	read, understand and a	this application form an agree to comply with the the APPI and I am requ nbership file to APPI.	e bylaws, Pr	ofessional	Code of Practice
Signature of Appli	cant		Date		
personal and commercial ir	formation is limited to administra	e authority of the Personal Inforn ation of applications, program a o other APPI members, please s	nd event registra	ations and mer	
annual APPI Non Res formal admission.	ident Member Dues. The	n you will be issued writte member dues are payabl	e upon receij		
Please email this com	pleted form to the APPI C	Office: <u>office@albertaplanr</u>	ners.com		Updated January 2019

## PO Box 3099 • Sherwood Park AB • T8H 2T1

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