

Student membership No application fee

Degree(s): Please list any degrees you have already completed

_____ (degree) _____ (university) _____ (year)

_____ (degree) _____ (university) _____ (year)

Certification: The following must be signed by Department Head

I hereby certify that the applicant is enrolled full time in _____ (program) at _____ (educational institution) and is now entering year _____ of a program that normally takes _____ years to complete.

Anticipated date of graduation _____

_____ (Department Head signature) _____ (date)

Associate membership No application fee

Non-practising status (retired) No application fee

Date of retirement or leave from professional practice _____

Reinstatement of Membership No application fee; a penalty of one year's annual dues will be added to your invoice for this year's dues.

Date of election to Membership _____

If you have it, please enclose a copy of your Member's certificate or copy of letter advising you of your election to Membership.

I last held Membership in _____ (year) in _____ (affiliate)

Leave of Absence No application fee

Attach a letter explaining the reason for the request and indicate the anticipated duration of leave.

Transfer of Membership No application fee

From _____ (affiliate) to _____ (affiliate)

Code of Professional Conduct: The Code of Professional Conduct sets out the professional standards to which all members of the Institute must adhere. Is there anything in your past conduct that might be in potential contravention of the Code?

No **Yes** (if yes, please explain in detail on a separate sheet, attached to this form)

I certify that I have read, understand & agree to comply with the bylaws of the Institute, including the Code of Professional Conduct (available at: www.atlanticplanners.org), and I further certify that the information provided on this form and in any attached document is correct.

Signature of applicant

Date

Remember to forward any change of address, telephone number or e-mail to the address at the top of this form.

Application fees are payable to the Atlantic Planners Institute.

For office use only

Date application received _____

Application fee: waived included with application invoiced

Date paid _____ Received by _____ Date _____