

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

First Name:		_Last Name:	
Home Address:			
		(Address)	
(City, Province, Postal Code)			
Phone / Email: (Home Phone) (Cell) (Home Email)			
	(Home Phone)	(Cell)	(Home Email)
Employer Name:		Position:	
Employer Address:	Employer Address:(Address)		
		(Address)	
	(City, Province, Postal Code)		
Employer Phone/En	nail:		(F. I
	(Employment Phone)		(Employment Email)
Preferred mailing address Preferred email addre			ail address
home	employment	home	employment
Current Non-Praction	cing Member Class with APPI:	Registered (RPF	P) Candidate
		<i>(</i> · · · · )	
,(print name), hereby declare that I am/have			
-			ional Planner Regulation of Alberta.
Signature of Applic	ant:		
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 Oct,	2024		