

APPI Member Transfer Out Form

First Name: _____ Last Name: _____

Home Address: _____
(Address)

(City, Province, Postal Code)

Phone / Email: _____
(Home Phone) (Cell) (Home Email)

Employer Name: _____ Position: _____

Employer Address: _____
(Address)

(City, Province, Postal Code)

Employer Phone / Email: _____
(Employment Phone) (Employment Email)

Preferred mailing address

home employment

Preferred email address

home employment

Current Member Class with APPI:

Registered (RPP) Candidate Student Subscriber/Pre-Candidate

I hereby request that my membership and file be transferred to the following Provincial and Territorial Institute and Association (PTIA).

PIBC OPPI SPPI API MPPI LPPANS CIP International

I certify the information on this form is true and correct. I have read, understand and agree to comply with the bylaws, Professional Code of Practice or other applicable regulations of the PTIA to which I am requesting my membership be transferred, and CIP (where applicable).

Signature of Member _____
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:

Please email this completed form to the APPI Office: office@albertaplanners.com

Office Use Only: Received: _____ Current Year Fees Paid: _____

Form updated: Oct 2024