

Alberta Association, Canadian Institute of Planners (AACIP)

Membership Application Form

Applicant: _____
(Surname) (Given Name) (Initial)

Employer: _____

Residence:

(Street)

(Street)

(City, Province, Postal Code)

(City, Province, Postal Code)

(Phone)

(Fax)

(Phone)

(Fax)

Preferred email address: _____

Preferred mailing address: Employment Residence

Application: I hereby make application to become a (please check one box below)

Provisional Member (Please enclose \$150.00 non refundable membership application fee)

Associate Member (No membership application fee)

Student Member (No membership application fee)

Education: (Please make arrangements for the official transcripts to be sent directly to the AACIP office. If your degree is not from one of the Canadian Institute of Planning recognized Canadian University Planning degrees, please attach a letter from your employer stating that you are currently employed in the planning field & engaged in responsible professional planning.)

Degree Obtained

Institution

Year Conferred

For Student Member Applicants Only:

I hereby certify that _____ is enrolled in the _____
Degree Program in the Department of _____
at the _____ for the academic year 20_____.

(Signature of Program Head)

(Date)

Personal information is collected under the authority of the Personal Information Protection Act of Alberta (PIPA). The use of personal information is limited to administration of applications, program and event registrations and membership management.

For Provisional Member Applicants Only:

Cheque

Master Card

Visa

Other (please specify)

Credit Card Number: _____ Expiry Date: _____

Card Holder's Name: _____

Please send completed application form and application fee where applicable to:

AACIP Office

P.O. Box 596, Edmonton, AB T5J 2K8

Web Site: www.aacip.com Email: aacip@aacip.com

Phone: (780) 435-8716 or Toll Free: 1-888-286-8716 Fax: (780) 452-7718