



# SASKATCHEWAN

PROFESSIONAL PLANNERS INSTITUTE

## APPLICATION FOR MEMBERSHIP

505 - 2300 Broad St, Regina, SK S4P 1Y8  
Ph (306) 584-3879 [www.sppi.ca](http://www.sppi.ca)

Name

\_\_\_\_\_

First

Initial

Last

### WORK ADDRESS

### HOME ADDRESS

Position: \_\_\_\_\_

Street: \_\_\_\_\_

Company: \_\_\_\_\_

City, Province: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code : \_\_\_\_\_

City, Province: \_\_\_\_\_

Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Address to be used by SPPI/CIP

Work

Home

### I hereby apply to become:

Pre-Candidate

Subscriber

Please enclose your application fee of \$50. **Cheques or e-transfers payable to SPPI.**

Have you previously applied for this category of membership?  Yes  No

If yes, when and through which CIP Affiliate or National Office \_\_\_\_\_

**RPP** *Includes Log Book Review and Oral Exam*

Please enclose your application fee of \$150. **Cheques or e-transfers payable to SPPI.**

**Student Member**

Fee is waived for Student Member applicants.



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### EDUCATION

UNIVERSITY	TITLE OF DEGREE (attach copy)	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ADDITIONAL REQUIRED DOCUMENTATION

- **Registered Professional Planner Applicants:** Please include the Log Book Experience Validation Form(s) with your email submission.
- **Pre-Candidate Applicants:** Please include a cover letter describing your employment in the planning field with your email submission.
- **Subscriber Member Applicants:** Please include a cover letter describing your involvement or interest in planning with your email submission.

### FOR STUDENT MEMBER APPLICANTS ONLY

I hereby certify that \_\_\_\_\_ is enrolled in the Regional and Urban Planning Program at the University of Saskatchewan for the academic year \_\_\_\_\_.  
Expected date of graduation: \_\_\_\_\_

\_\_\_\_\_  
Head of Program

*I certify that I have read the information on this application form and that the information provided is true and correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please send completed application form to [membership@sppi.ca](mailto:membership@sppi.ca)  
Please e-transfer your application fee (if applicable) to [membership@sppi.ca](mailto:membership@sppi.ca) or mail cheques payable to:  
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