



# SASKATCHEWAN

PROFESSIONAL PLANNERS INSTITUTE

## APPLICATION FOR STUDENT MEMBERSHIP

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[www.sppi.ca](http://www.sppi.ca)

Name

\_\_\_\_\_

First

\_\_\_\_\_

Last

### HOME ADDRESS

Street:

City:

Province:

Postal Code:

Phone:

Email:

### 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 or mail cheques payable to:  
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