



LPPANS
Licensed Professional Planners Association of Nova Scotia

Pre-Candidate Application Form

Lobby Box 142, 604-5657 Spring Garden Road
Halifax, NS B3J 3R4
admin@lppans.ca

Name: _____ Ms. Mr.
Last name, First name

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Education Information:

University: _____

Title of Degree: _____

Year Graduated: _____

Are you currently employed in planning?

Yes No If yes, please specify for how long: _____ years.

Is it your declared intention to pursue a career in planning and apply for Candidate membership in the Association when you become eligible to do so?

Yes No If yes, please initial here: _____

I certify that I have read, understand & agree to comply with the bylaws of LPPANS, including the Code of Professional Conduct (available at: www.lppans.ca), and I further certify that the information provided on this form and in any attached document is correct.

SIGNATURE OF APPLICANT: _____ **Date:** _____

Note: Acceptance as a Pre-Candidate member does not guarantee acceptance as a Candidate member.