



**LPPANS**  
Licensed Professional Planners Association of Nova Scotia

## Secondary Affiliation Application Form

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

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Ms.  Mr. Other \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Last Name

Contact Information: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

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To be eligible for secondary affiliation, applicants must be an active member in good standing with another PTIA.

Current PTIA: **OUQ OPPI MPPI SPPI APPI PIBC NLAPP PEIPP NBAP**

### Current Membership Type:

Full Member  Candidate  Pre-Candidate  Student

Other: \_\_\_\_\_

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*I certify that I have read, understand & agree to comply with the bylaws of the **Association**, including the Code of Professional Conduct, (found at [lppans.ca](http://lppans.ca)) and I further certify that the information provided on this form and in any attached document is correct.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_